

Mozambique | Tropical Cyclones Idai and Kenneth

Emergency appeal No: MDRMZ014 First launched on: 19/03/2019	Glide No: Idai: TC-2019-000021-MOZ Kenneth: TC-2021-000038-MOZ
Final report issued on: 24/11/2022	Timeframe covered by final report: From 14/03/2019 to 19/07/2021
Number of people targeted: 735,000	Number of people assisted: 1,440,099
Funding coverage (CHF): CHF 32 million through the IFRC Emergency Appeal	DREF amount initially allocated: CHF 750,000 Swiss francs

The operation received CHF 18,194,755 cash funding, of which CHF 17,119,777 (94,40%) was spent. An in-kind contribution amounted to CHF 77,734 for personnel and CHF 884,645 for goods. In total, the Emergency Appeal coverage stood at 57.34% of the CHF 32,000,000.

As per the Financial report attached, this operation closed with a balance of CHF 1,074,978. The International Federation of the Red Cross seeks approval from its donors to reallocate this balance to the Mozambique Annual Appeal, MAAMZ003. Partners/donors who have any questions regarding this balance are kindly requested to contact Didintle MONNAKGOTLA (Didintle.MONNAKGOTLA@ifrc.org) within 30 days of the publication of this final report. Past this date, the reallocation

Click [here](#) for contacts and [here](#) for the final financial report



Food distribution in Vila Massane, Sofala Province

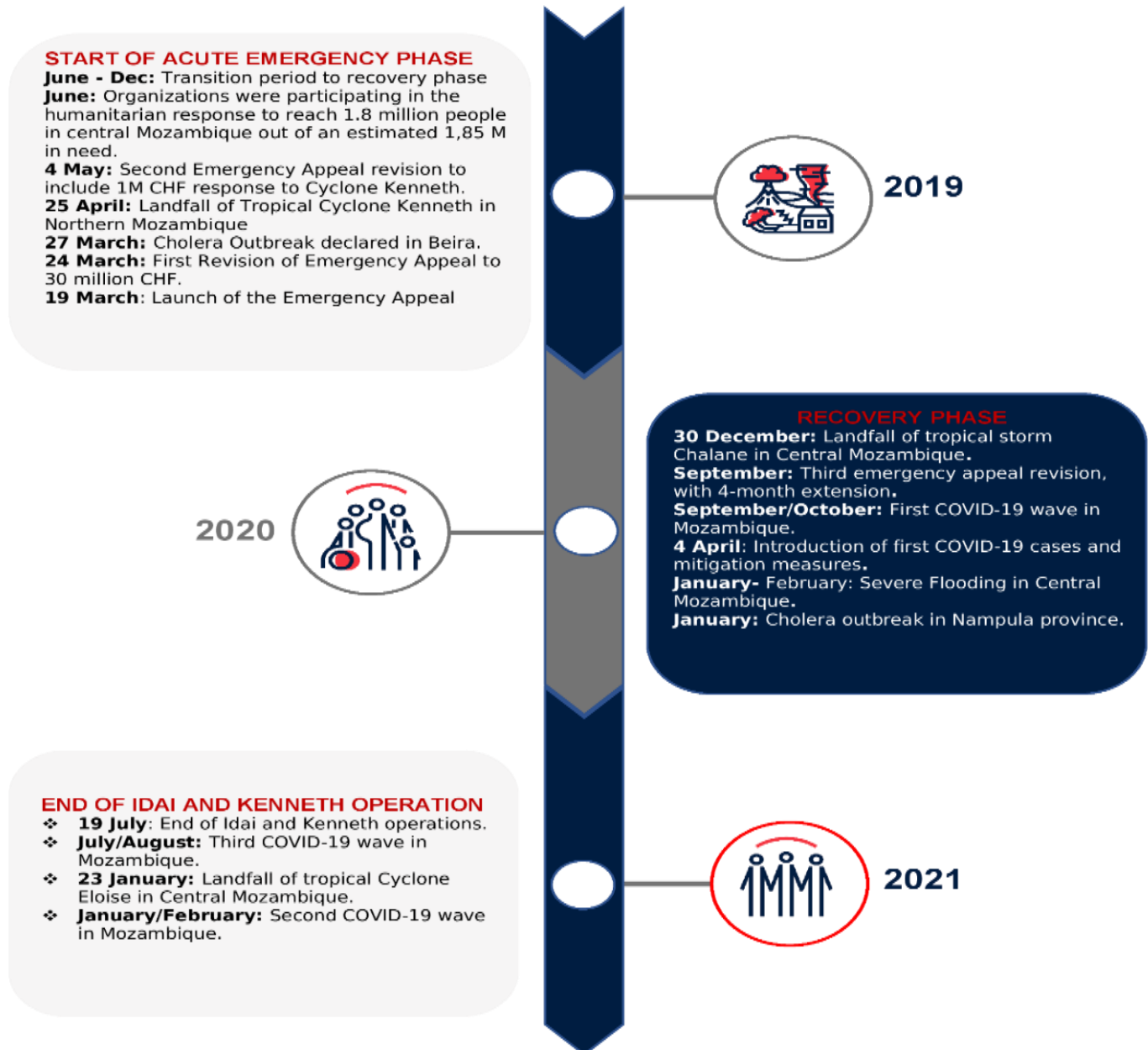
TRT WORLD LIVE BEIRA, MOZAMBIQUE, SUNDAY

CYCLONE IDAI
Red Cross says damage is massive, horrifying

In memory of Matt Cochrane, who led the initial external communications for Cyclone Idai. Matt played key role in the level of funds raised as well as the way RCRC was perceived by the media during this emergency

A. SITUATION ANALYSIS

Description of the crisis



Public

Tropical Cyclone Idai, a **Category 4 storm**, made landfall during the night above Beira, Mozambique on 14 March 2019 causing massive damage due to high winds of more than 195km/h. The cyclone continued inland affecting

Mozambique, Zimbabwe, and Malawi. Cyclone Idai has since been labeled the deadliest cyclone in southern Africa, and the following landfall of Tropical Cyclone Kenneth just 6 weeks later in northern Mozambique made a record as the first time Mozambique had felt the impact of two severe storms in the same cyclone season. The impacts of climate change increase the frequency and intensity of these storms, leading Mozambique to be ranked 1st out of 180 countries in the Global Climate Risk Index for 2019¹ and WFP reports it as the 38th most vulnerable and 13th least prepared country for climate change².



Figure 1: False-color satellite imagery of the post-cyclone flooding around Búzi³ after Idai and Eloise⁴

The winds and flooding from the storm caused the **displacement of 19,660 households or 95,388 people**, with 81% of the displaced population in Sofala and Manica Provinces. Half of the population affected were **children**.⁵ The displacement of a great bulk of people was for 6 weeks, double the normal displacement period of cyclone season. An estimated **715,000 hectares** of crops were destroyed, increasing the food insecurity situation as most people lost everything in the storm. The official death toll from the storm was listed as 598, with 1,600 injuries, although it is likely the total number was higher as many rural areas were affected.⁶

The flooding increased the number of **waterborne illnesses**. There were an estimated 2,500 cases of acute watery diarrhea (AWD) in the Beira district and 5 cholera cases registered on 27 March in Munhava.⁷ As of 1 April, there were 1,052 cases with 959 of them in Beira City. The lack of clean water highly increased the number of infections. In total there were 6,766 registered cases of cholera because of Idai. The Ministry of Health, World Health Organization, and humanitarian partners launched a cholera oral vaccine campaign reaching 800,000 people in response⁸.

Cyclone Idai had a dire impact on **women and girls** and aggravated the risk of gender-based violence due to the exploitation of chronic and acute poverty and greater exposure in their communities. The recovery burden was particularly difficult for female-headed households, who are both the income providers and caregivers. Without access to possessions, livelihoods, and marginalization, there was a significant possibility of the feminization of poverty in a country that before the cyclone had only 46% of girls finish primary school, 56% of women illiterate (70% in rural communities) and early marriages affecting one in every two girls, with high levels of teenage pregnancy.

¹ <https://reliefweb.int/report/world/global-climate-risk-index-2021>

² <http://www.indiaenvironmentportal.org.in/files/file/food%20security%20and%20climate%20change.pdf>

³ By ESA, CC BY-SA IGO 3.0, CC BY-SA 3.0 IGO, <https://commons.wikimedia.org/w/index.php?curid=77471025>

⁴ <https://earthobservatory.nasa.gov/images/147866/eloise-floods-mozambique>

⁵ <https://displacement.iom.int/system/tdf/reports/Mozambique%20-Cyclone%20Idai%20and%20%20Floods%20Displacement%20Report%2013%20May%202020.pdf?file=1&type=node&id=8661>

⁶ <https://reliefweb.int/report/mozambique/mozambique-cyclone-idai-floods-situation-report-no-2-3-april-2019>

⁷ <https://reliefweb.int/report/mozambique/mozambique-cyclone-idai-floods-situation-report-no-2-3-april-2019>

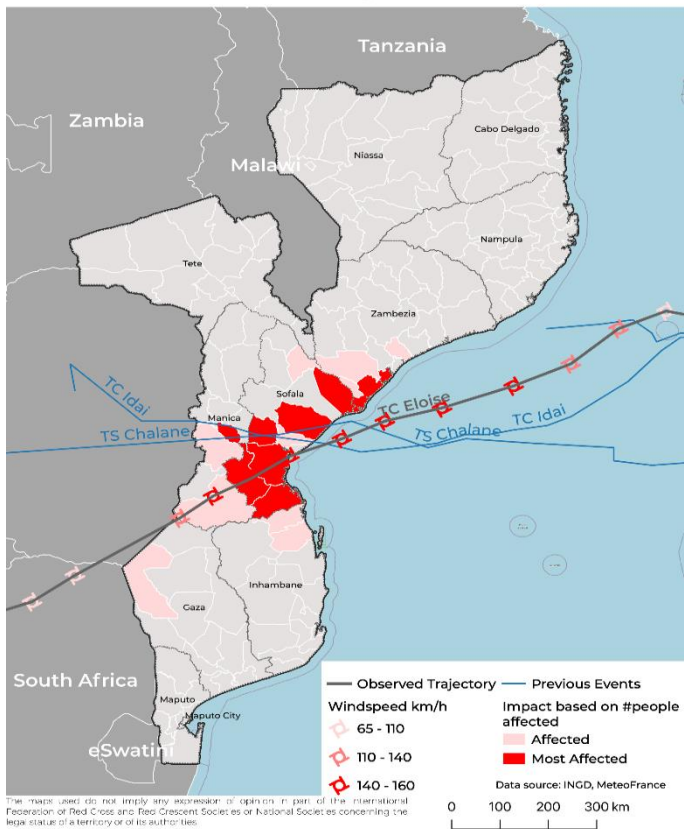
⁸ Outbreak of Cholera Due to Cyclone Idai in Central Mozambique (2019), By Edson Mongo, Edgar Cambaza, Robina Nhambire, Jacinto Singo and Edsone Machava, Submitted: July 31st 2019, Reviewed: August 26th 2019 Published: March 11th 2020, DOI: 10.5772/intechopen.89358

Cyclone Kenneth hit northern Mozambique on 25 April 2019 affecting nearly 200,000 people. It was the first time in recorded history that two strong tropical cyclones had hit the country in the same season⁹.

Four months after the cyclone, more than 400 organizations were participating in the humanitarian response **to reach 1.8 million people** in central Mozambique out of an estimated 1.85 million in need¹⁰. One year after the storm, UNICEF estimated that 2.5 million people were still in need of assistance. Severe flooding during the 2019/20 rainy season affected central Mozambique, with many of the same families facing hunger due to the destruction of their crops. January 2020 saw an increase in cholera cases in the northern provinces, with an outbreak in Nampula and Cabo Delgado Provinces. In total there were 1,000 cases and 17 deaths from the outbreak¹¹.

On 4 April 2020 the Mozambican government took the first preventative measures for **COVID-19**, with the first case confirmed in late March 2020. The first wave, around September 2020 had a peak of 300 cases a day. The second wave started after the holiday season in January 2021 and continued through April 2021, with a peak of approximately 1,275 daily cases. The third and most severe wave to date started at the end of June 2021 and until early October with a peak of nearly 2,460 cases daily¹². The pandemic had additional economic impacts as businesses, markets, and schools were repeatedly closed. The number of people at gatherings was restricted, limited to 20 people for most of 2020, and offices were required to rotate their staff and prioritize working from home, which had an impact on the project implementation with many activities being put on pause to protect the health and wellbeing of staff, volunteers, and communities in need.

IFRC Impact Tropical Cyclone Eloise on Mozambique Districts as of the 10th of February 2021



A **revised Emergency Appeal** was approved and published in September 2020, which resulted in a timeframe **extension for four months** to October 2021 to cover the time lost due to the COVID-19 pandemic and fulfill the recovery commitments towards the population of concern.

The following year's **cyclone season, 2020/21**, brought 2 notable storms to Mozambique, and both impacted the same central region as Idai. Tropical Storm Chalane made landfall during the night on 30 December 2020 with winds at 60 knots (111 km/h)¹³ Muanza, Nhamatanda, Dondo, and Búzi Districts in Sofala Province were the first to be impacted, and the following winds and flooding additionally affected Manica, Zambezia, and Inhambane Provinces.

One month later, on 23rd January 2021, Tropical Cyclone Eloise hit central Mozambique. It was a **category 2** storm with winds of 140km/h and wind gusts of over 160km/h¹⁴. One of the main differences between Eloise and previous cyclones in the region was the high level of rainfall during and after the storm, 250mm in 24 hours. As parts of Sofala Province were already flooded, namely Nhamatanda and Búzi Districts, the floods from this additional rainfall led to an increase in internally displaced people.

⁹ <https://www.unicef.org/mozambique/en/cyclone-idai-and-kenneth>

¹⁰ <https://reliefweb.int/report/mozambique/mozambique-cyclone-idai-four-months-after-enpt>

¹¹ <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Mozambique%20-%202029%20Jun%202020.pdf>

¹² <https://www.worldometers.info/coronavirus/country/mozambique/>

¹³ <https://reliefweb.int/report/mozambique/mozambique-tropical-storm-chalane-flash-update-30-dec-2020>

¹⁴ <https://reliefweb.int/report/mozambique/mozambique-tropical-cyclone-eliose-operations-update-n-1-mdrmz016>

Summary of response

An initial allocation of **CHF 750,000** from the **Disaster Relief Emergency Fund (DREF)** supported the immediate response of the Red Cross Red Crescent (RCRC) Movement, launched on 14 March 2019. On 19 March, IFRC launched an Emergency Appeal for CHF 10 million, which was revised on 24 March soliciting to support the Mozambique Red Cross Society (CVM) and together to deliver assistance to **more than 735,000 people (target)** through this Emergency Appeal, in sectors such as Health and Community Engagement, Water, Sanitation and Hygiene (WASH), Food Security, Livelihoods, Protection and Psychosocial Support (PSS). After Cyclone Kenneth, the Emergency Appeal was revised again adding \$1 million CHF to support the affected provinces in the north. It scaled up implementation in Disaster Management and Shelter.

Preventative measures for the COVID-19 pandemic began with anticipated actions through the preparation of CVM's Contingency Plan in January 2020, with the support of IFRC. Coordination began with the Ministry of Health in February 2020. The Emergency Appeal was revised for a third time in response to the pandemic, with a 4-month extension to the original project timeline.

The two-year Emergency Appeal also supported CVM organisationally to deliver services through volunteers and staff, to the vulnerable throughout the country. CVM staff and volunteers were trained in crosscutting matters such as Community Engagement and Accountability (CEA), Protection, Gender, and Inclusion (PGI), effective communication, beneficiary feedback collection and response, and strengthening of Prevention of Sexual Exploitation and Abuse (PSEA) measures. Volunteers were trained for all represented sectors.

The IFRC and CVM assisted a total population of **1,440,099 people** (non-unique number of beneficiaries reached) during the operation in the following sectors:

- **Livelihoods and Basic Needs: 62,110 people** were reached. Assistance provided ranges from basic needs assistance to livelihoods recovery with seeds, agricultural tools, farming schools, and support to fisherfolks in target communities.
- **Health and PSS: 435,682 people** were provided with access to different health services and health promotion activities, including people reached on cholera prevention and awareness for COVID-19 prevention in different provinces.
- **WASH: a total of 674,570 people** were reached through the Idai/Kenneth Operation with different WASH services. After the emergency provision of clean water, the WASH project repaired and installed water points throughout Sofala and Tete Provinces. Long-term community-led latrine building, and hygiene promotion sessions were carried out, with additional support for vulnerable persons.
- **Protection, Gender, and Inclusion (PGI): 127,520 people** were supported with PGI services, including Sexual Gender-based Violence (SGBV) prevention and Child Protection programs in the communities.
- **Shelter: a total of 140,217 people** were supported by CVM and IFRC with essential shelter items. Emergency shelter kits and training were provided along with the construction of more resistant housing in the later stages of the operation.

The Mozambican Red Cross (Cruz Vermelha de Moçambique, CVM) has a longstanding partnership with the National Institute for Disaster Management (INGD) and is the preferred national organization to respond to emergencies in all provinces. It has a presence in all 11 provinces of the country and currently covers 133 districts through its district branches, out of the 154 districts. The CVM has approximately 220 permanent staff that ensure programs are delivered in all 11 provinces and manage a large network of 6,500 volunteers countrywide. CVM also has nine warehouses in the ten Provinces, enabling preparedness and repositioning capacity to respond to eventual emergencies.

Despite NS being overstretched, it was ready and positioned to support populations prior to the Cyclone Idai disaster, with volunteers sensitizing and supporting the preparedness of populations. It was one of the first actors to respond to the emergency on the ground, using financial instruments available to them through the Red Cross Red Crescent Movement (Forecast based projects, crisis modifiers, and the DREF).

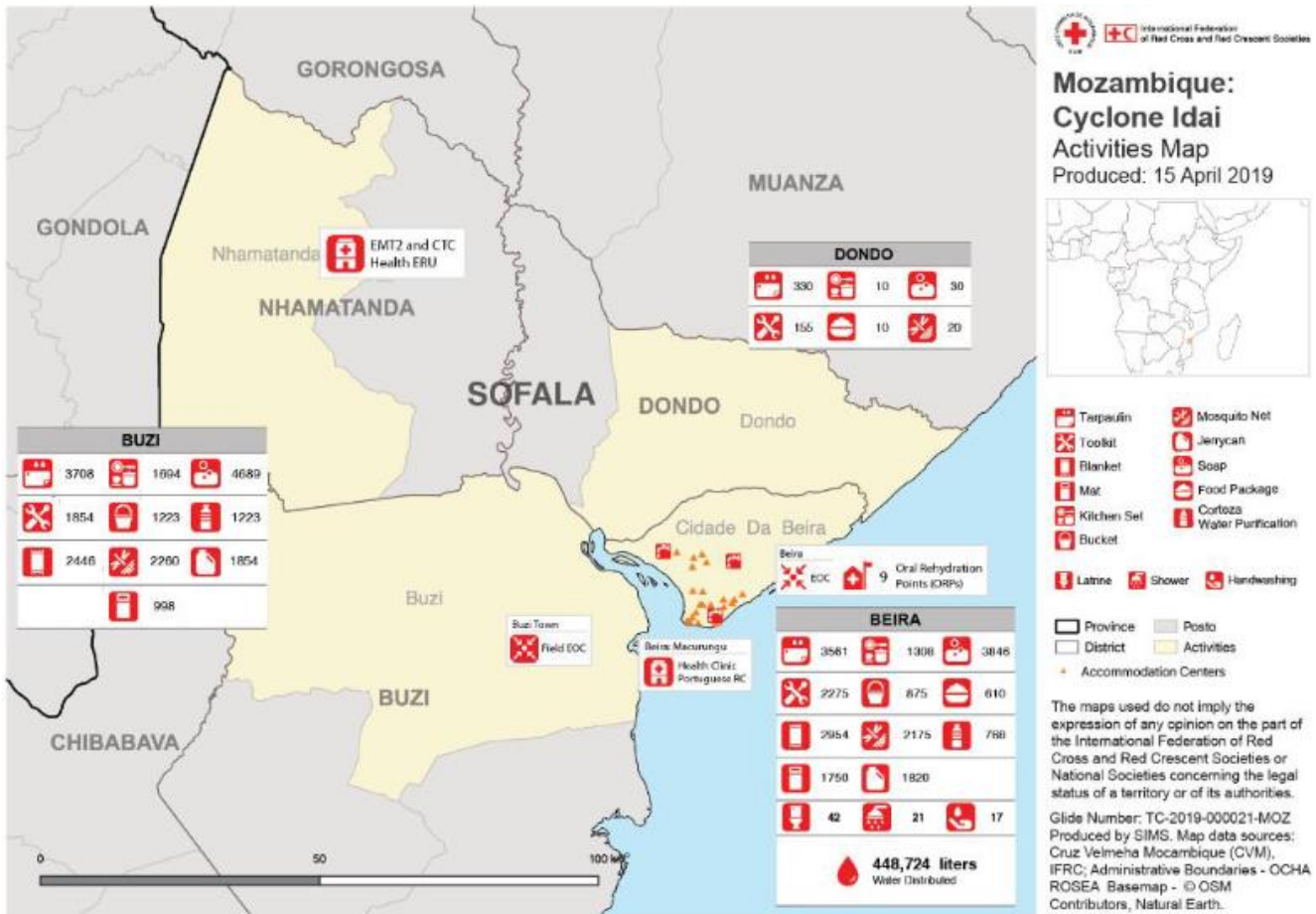


Figure 2: CVM/IFRC throughout Sofala Province during the acute phase of emergency (April 2019)

Additional to the above, a total of **1,100 shelter kits + NFI items** were delivered by IFRC to ICRC in **Cabo Delgado**, to respond to the shelter needs of families fleeing violence in the acute emergency phase between March and June 2019.

For the **recovery phase** CVM, IFRC, ICRC, and PNSs prepositioned shelter kits and essential NFIs across 5 provinces in the frame of the contingency plan. In March 2020, with the support of the IFRC and in-country Movement partners, the National Society launched an ambitious plan to tackle the spread of COVID-19 across all 11 provinces, putting in motion its impressive country-wide volunteer coverage. Actions were community-focused, with a range of services in Health and Risk Communication and Community Engagement (RCCE), PSS to vulnerable groups (elderly, disabled, and children), and WASH, through the installation of handwashing facilities in critical areas and the disinfection of public transportation.

In August 2021, the **IFRC Maputo Country Cluster Delegation** was established to support CVM and the Angolan Red Cross, Including growing partnerships for the two National Societies for Health, Disaster Management, and National Society Development.

The International Committee of the Red Cross (ICRC) worked in Manica Province supporting CVM in regular vaccination campaigns and restoring family links. They provided support in the cyclone emergency response by offering food and livelihood assistance in Sofala, Manica, and Tete Provinces. On 31 May 2020, the sub-delegation in Beira closed. ICRC has been working in Cabo Delgado Province, providing humanitarian assistance to those affected by armed violence since 2017. ICRC also has an operational presence in Cabo Delgado Province in Pemba, where they support the COVID-19 emergency response and the persons affected by violence in Cabo Delgado in the key areas of:

- restoring livelihoods
- humanitarian forensics (connecting people)

- infection control in detention facilities
- support to health facilities
- water infrastructure
- improved access to education

In addition to ground operations, the ICRC will continue to collaborate with CVM for capacity building for its staff and volunteers in the areas of International Humanitarian Law (IHL) and safer access.

There are five Partner National Societies currently present in-country, providing long-term support to the Mozambican Red Cross. They are the Spanish Red Cross, German Red Cross, Belgian Red Cross-Flanders, French Red Cross, and the Italian Red Cross. The Netherlands Red Cross and the Kuwait Red Crescent Society currently do not have an in-country presence but continue to partner with CVM.

Name of Partner NS	Sectors of Support
Spanish Red Cross	COVID-19, DRR, Shelter, WASH, SGBV (Sofala, Maputo City, Maputo Province)
German Red Cross	DRR, WASH, Shelter (Maputo, Manica, Gaza, Sofala, Nampula, Zambezia)
Belgian Red Cross Flanders	COVID-19, DRR, WASH, CBHFA (Nampula, Inhambane & Nationally for First aid support)
French Red Cross	Eco-DRR (Zambezia)
Italian Red Cross	COVID-19, Youth and Volunteers Project (Maputo City and Maputo Province)
Kuwait Red Crescent Society	Livelihoods (Nampula and Cabo Delgado)
Netherlands Red Cross	DRR (Sofala); No in-country presence and works through local partners, CVM with the support of IFRC

The Government of Mozambique (GoM) led the overall coordination of the disaster response through the National Institute for Disaster Management (INGD). The GoM and INGD declared **Red Emergency** right after Cyclone Idai and responded to the crisis by putting together a ministerial response group. In May 2019, the GoM revised the alert from Red to Orange. A Post-Cyclone Reconstruction Cabinet (GREPOC) was set up at national and provincial levels. A global partnership meeting took place in September 2019, seeking support for the recovery and reconstruction plan. Losses were identified to be up to 3.2 billion US dollars, but it was not possible to raise all the funding necessary to rebuild. Since the onset of the disaster, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) led the international humanitarian coordination system in Maputo and Beira.

The UN Cluster system was activated immediately after Cyclone Idai in various sectors including Health, WASH, FSL, and Shelter. They remained active during the two-year operation to help coordinate the humanitarian response. OCHA also organized bi-weekly and monthly Cluster Coordination meetings. The Community Engagement Working Group, chaired by UNICEF and Plan International, which coordinates community engagement and social mobilization approaches and messages across several agencies was operational during this time. Note that both CVM and IFRC participated in the CTC and HCT coordination mechanisms.

At the beginning of relief operations in mid-March 2019, the IFRC/CVM-led Shelter Cluster coordinated over 40 international and national agencies to provide emergency shelter and/or NFI support to a total of 154,000 households, across the provinces of Sofala, Manica, Zambezia, and Tete. The Shelter Cluster (SC) supported and advocated for a fast transition to early recovery and long-term reconstruction by engaging with the relevant national and local authorities, with the post-cyclone reconstruction office (GREPOC) since its creation in July 2019. The Food Security Cluster (FSC) was led by the WFP and FAO. The FSC played an integral part in the acquisition of food parcels for the beneficiaries from the World Food Program (WFP), while the Ministry of Agriculture and Food Security of the Government of Mozambique played an important role in the decision-making for the standard agricultural tools to

be given to beneficiaries in the target farming and fishing communities. The Health Cluster was led by WHO, with the Psychosocial Support (PSS) working group activated under the Health Cluster.

In May 2019, CVM hosted a Movement Partnership meeting. This was followed by a round table meeting with all local donors including government stakeholders, in Maputo. CVM and Movement Partners presented the emergency appeal to them and requested support for the operation.

The Ministry of Health (MoH) continues to lead the coordination of the COVID-19 response, with the close support of WHO. IFRC and CVM are part of the COVID-19 national emergency committee, which also has the presence of different ministries, WHO, UNICEF, and UNFPA. The Emergency Operations Centre (Centro Operativo de Emergência, COE) meets in Maputo and provinces every week and ad-hoc, as necessary. The IFRC and CVM lead the Risk Communication committee and the Shelter Cluster.

Operational risk assessment

Initially, IFRC Assessment Cell and CVM led the assessment working group and process with partners active in the interagency Emergency Operations Centre and the INGD. Due to the limited access to the communities by land and boats, aerial assessments in Sofala were led by IFRC, and maps produced were shared with all actors involved in the response. The Movement FACT team performed the initial rapid assessments for their sectors. The findings from these assessments formed the first emergency appeal.

An inter-agency rapid needs assessment of Beira District was carried out in coordination with the National Institute of Disaster Management (INGD) on 29 March 2019, including with IFRC. Fourteen neighborhoods were visited during the survey. The assessment noted significant displacement within Beira. 88% of people surveyed were experiencing diarrhea, with approximately half noting cholera. 58% of respondents reported malnutrition in their neighborhoods, as well as concern over water access and quality. The emergency response phase focused on food and shelter kits, Oral Rehydration Treatment, and provision of clean water, aligning with the priorities identified in the needs assessment.

Following the Beira assessment, a multi-sectoral Rapid Needs Assessment was held among multiple agencies including IFRC in Sofala and Manica Provinces from 1-17 April 2019¹⁵. The assessment covered 14 out of the 38 districts prioritized by the Humanitarian Response Plan with 245 interviews with 488 Key Informants in 188 locations in 38 Administrative Posts.

- 76% of respondents stated that they were affected by both the cyclone and floods
- Food was the top concern, with 77% of those interviewed naming it as a key priority. Agricultural losses across the country were estimated between \$141 and \$258 million, and 715,278 hectares of agricultural land were affected with FAO estimating that half of the country's cereal production had been lost. 87% of croplands were flooded immediately after the crisis, with 59% still flooded at the time of the survey.
- Health was the second most frequently cited community priority or concern in assessed locations, found to be one of the main concerns in over half of locations. 93 health facilities were damaged or destroyed.
- There were 3,217 destroyed or partially destroyed classrooms
- 54% of participants had immediate shelter needs. In rural areas, 70% of houses were flooded immediately after the storm, and 44% were still flooded at the time of the survey. 68% of the communities assessed in Sofala reported sleeping outside and an estimated 70,000 people were in accommodation centers.
- 89% of people in Sofala and 51% in Manica had lost their identification documents

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<https://ifrcorg.sharepoint.com/sites/Mozambiquecycloneoperation/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FMozambiquecycloneoperation%2FShared%20Documents%2FMOZAMBIQUE%20%2D%20IDAI%20CYCLONE%2FPMER%2F1%2E%20IDA1%20OPERATION%2F02%2EEMERGENCY%20PLAN%2F04%2ENeeds%20Assessment%2FMozambique%5FMRA%5F20190418%5Ffinaldraft%5FEN%2Epdf&parent=%2Fsites%2FMozambiquecycloneoperation%2FShared%20Documents%2FMOZAMBIQUE%20%2D%20IDAI%20CYCLONE%2FPMER%2F1%2E%20IDAI%20OPERATION%2F02%2EEMERGENCY%20PLAN%2F04%2ENeeds%20Assessment>

Six weeks after the cyclone, the Assessment Cell focused on recovery and understanding the needs across areas of focus and geographies, and using them to prioritize and plan appropriate, and well-targeted, interventions using a community-led multisectoral approach while mainstreaming CEA, PGI, and DRR. The province of Sofala specifically the Dondo district was prioritized by the Assessment Cell activities.

Phase 2 of the Assessment Cell, registration of households, started in the Dondo district, specifically in Praia Nova, where the main findings for sectoral severity were:

1. Livelihoods severely affected: Wind and water damage to crops and loss of productive assets.
2. Food insecurity linked to agriculture and fishing, as damages had a negative impact on the availability and access to food, thus increasing the negative coping mechanisms.
3. Traditional shelters were destroyed; however, some households were able to salvage material and begin with self-recovery.

More specifically, in the terms of needs findings were as below:

1. Health infrastructure, lack of medicine, and maternal and childcare.
2. Open defecation due to lack of latrines and poor hygiene practices.
3. Food and livelihood challenges such as loss of income and reduction in purchase power and access to food.
4. More than 59% of houses have been destroyed, and there is a lack of proper building materials.

With the results of the Assessment Cell, as well as the decision of CVM and IFRC to have better-integrated programming, the response was revised to target the most vulnerable in Sofala Province, with:

1. Dondo District, Praia Nova, and Administrative Post Chinamacondo with integrated interventions
2. Administrative Post Mutua with primarily WASH interventions
3. Communities in 2 neighborhoods in urban Beira with Shelter interventions in coordination with the Beira municipality and UN-Habitat.

In August 2019, the Swedish Red Cross issued an environmental assessment report considering the Idai Operation. As a result, the operation took steps to mitigate the impact of activities on climate, reduce its footprint and if possible adopt the communities' resilience to climate change, such as cleaning campaigns and promotion of community solid waste management for Health and WASH. Environmental messaging was included in the shelter project such as locally appropriate solutions for shelter reconstruction that use resources available to the community, hence reducing the impact of the complex supply chain. Furthermore, the operation defined a set of reforestation projects in conjunction between Disaster Risk Reduction (DRR) and Livelihoods, and in association with appropriate local partners and government, in view of creating alternative, environmentally friendly livelihoods for affected people. These changes were reflected in the recovery strategy for focus communities.

The PERC assessment, conducted in partnership between the IFRC and the Zurich Flood Resilience Alliance (ZFRA), aimed at developing a model for delivering effective community flood resilience programs at scale and contributing to shaping the flood resilience agenda of policymakers and donors. The overall vision is for floods to not have a negative impact on people's and businesses' ability to thrive. Fieldwork took place in Mozambique between 6-19 January 2020, led by four experts, and supported by the Swiss Development Cooperation and CVM in-country. Experts conducted over 100 interviews, and the review of over 100 secondary sources to highlight key opportunities for building resilience including strengthening early warning systems and climate services coupled with capacity building and resourcing for early action, supporting the construction of resistant homes, connecting water, sanitation, and hygiene (WASH) and DRR efforts, and through supporting the diversification of farming practices and crops. The final report was launched on 24 April 2020. The key findings were that a) more investment is needed to address the large gap in early warning and response with respect to flooding; b) early warning systems need to be strengthened, and communities better incorporated. Investments should be made in the localization of skills, knowledge, materials, and equipment; c) hazard mapping and impact understanding for critical infrastructure should be essential for disaster preparedness; d) DRR mainstreaming should be supported in humanitarian efforts. Based on these findings, DRR trainings were held in communities along with the creation of Disaster Management Committees to improve their response and resilience.

Alongside the PERC study, a review of the National Society preparedness for emergency response (PER) occurred in January and February 2020, involving CVM, PNS, and the ICRC, and was facilitated by an external consultant. Using the Preparedness for Effective Response (PER) approach, the Mozambique Red Cross Society (CVM) underwent a self-assessment exercise, complemented by a partial Operational Assessment during a relief distribution in Zambezi Province. In general, the PER approach assesses 37 components (and 14 sub-components) that make up an NS's preparedness and response system. In the case of CVM, the NS identified 37 components and 12 sub-components. The table below shows a snapshot of the major components to prioritize in response to the study:

Table 1: PER Results for the High Priority areas for improvement

Component	Rating	Prioritization
9. Preparedness plans and budgets	2- Partially exists	High priority
12. Response and recovery planning	1- Does not exist	High priority
18. Emergency Needs Assessment	3- Needs improvement	High priority
25. Coordination with authorities	3- Needs improvement	High priority
34. Logistics, procurement, and supply chain	1- Does not exist	High priority
35. Staff and volunteer management	2- Partially exists	High priority
36. Communication in emergencies	2- Partially exists	High priority
37. Resource Mobilization	1- Does not exist	High priority

In September 2020 the Recovery and Transition study was published, examining the transitional period from May to December 2019. With the exit of surge resources in July 2019, the subsequent transition to a newly recruited operations team, and the entry of new IFRC leadership in-country, part of the intention of the initial recovery approach was lost. The pilot approach was not rolled out further beyond the two communities initially selected. From September 2019 new IFRC leadership in Mozambique began to reconsider the direction of the operation, the need to revise the EPoA, and the possibility of extension to other provinces in line with the recommendations of the NS. This revision process took until the end of December 2019, causing a general sense of inertia in the operation.

Risk Analysis

Climate change is increasing the risk of **cyclones, droughts, and flooding** in Mozambique, and is trapping millions of people in a “vicious cycle” of **poverty** and instability. The storms of the cyclones highlighted the vulnerability of the largely poor quality of housing construction in affected provinces, both in rural and urban areas. The poor quality of housing is mostly due to families’ lack of financial capacity to invest in quality materials, lack of knowledge of safe construction techniques (in urban areas), and traditional building techniques not being adapted to the increased impact of climate-related hazards. The high level of damage caused by the two Cyclones Idai and Kenneth was exacerbated by the prevailing poor quality of the existing housing stock. Furthermore, the pre-existing high poverty rates compounded by a high level of **food insecurity** and **malnutrition**, in consequence of the damage to agricultural production, entail that many families have been unable to rebuild their homes to a minimum level of resilience. Reportedly, vulnerable families sold received shelter materials and other goods to buy food. Without proper material and technical support on “build back safer (BBS)”, the targeted vulnerable populations remain exposed to high risk in hazardous shelter conditions. To mitigate the risk of families selling building materials to buy food, the IFRC, and CVM, implemented a holistic approach where sectors (Shelter, WASH, Livelihoods, Health, PGI) support the same communities to optimize resources. The Livelihoods sector is responsible for food distribution and implementation of income-generating activities in these target communities, to avoid the selling of distributed shelter and other materials to buy food.

COVID-19 led to many project delays. At the start of the pandemic, many programs closed in response to government mitigation measures. To ensure the duty of care to staff, volunteers, and community members the program activities were adapted. For example, the vocational training needed to have smaller class sizes and faced multiple closures as educational facilities were closed by the government during COVID-19 spikes. The operation found a way to operate under the “new normal” of the pandemic with extra security protocols. CVM responded by increasing its Risk Communication and Community Engagement activities (RCCE) to raise awareness about COVID-19 and dispel rumors about the disease. This became a separate project for COVID-19 sensitization and response with a focus on rural areas

to support the Ministry of Health. As vaccines became available in-country, IFRC and CVM advocated for staff and volunteers to receive vaccines to further lower the risks in 2021.

Another programming challenge was caused by the flooding during the 2020/21 rainy season. Excessive rainfall led to further flooding with the arrival of Tropical Storm Chalane and Cyclone Eloise. **Flash flooding** commonly occurs in urban areas such as Beira due to the high-water table and low level of rainwater management. This flooded many of the access roads to the beneficiaries and delayed field activities, and in some communities, people had to evacuate and relocate to temporary shelters built after Cyclone Idai. This made it difficult to locate their households for training.

In some areas, especially in Nhamatanda, communities had to cut trees to get wooden poles to set up their shelters with tarps provided by GoM and humanitarian partners. Some partners found challenges both in terms of logistics and finances to provide wooden poles, therefore they asked for community participation in providing the poles, while they provided the tarps only. Thus, the practice of cutting down trees to get wooden poles indirectly led to the promotion of **deforestation**. This was mitigated in the recovery phase of the project, with the promotion of reforestation and tree distributions by the FSL sector as well as shelter trainings in Build Back Safer methodologies and the provision of temporary shelters to promote more long-term solutions.

There are ongoing **political conflicts and instability** in Mozambique. Despite having democratic elections, one party has maintained power since the country's independence from Portugal in 1975. The main opposition party led guerrilla-style attacks on roads until the decentralization agreement of 2018. Smaller groups continue sporadic, targeted attacks for mostly political reasons creating unrest in Sofala and Manica Provinces, with minor disruptions to program activities and movements. Additionally, there is an ongoing conflict in Cabo Delgado Province with violent attacks since 2017 leading to the internal displacement of an estimated 744,949 people as of the 30 September 2021 Displacement Tracking Matrix update by IOM¹⁶. CVM, in partnership with ICRC, continues to provide assistance to the IDPs from Cabo Delgado and is planning future projects to assist those in Niassa with food security and health interventions.

B. OPERATIONAL STRATEGY

- **Early Action:** Prior to Cyclone Idai's landfall, the Mozambique Red Cross and PNSs activated staff and volunteers to conduct early warning and early actions to prepare communities
- **DREF:** An initial allocation of 750.000 from the Disaster Relief Emergency Fund (DREF) supported the immediate response of the Red Cross Red Crescent (RCRC) Movement (14 March 2019). The focus in the immediate aftermath of the disaster was on Search and Rescue.
- **Emergency Appeal:** On 19 March 2019, IFRC launched an Emergency Appeal for CHF 10 million,
- **Emergency Appeal Revision #1:** The EA was revised on 24 March 2019 soliciting CHF 31 million due to the high level of needs from the rapid assessment results. Complementing CVM's limited capacities, IFRC, in coordination with the International Committee of the Red Cross (ICRC), launched an international response operation to the orange category disaster, with a focus on lifesaving and life-sustaining services in the sectors of shelter, health, water, sanitation and hygiene (WASH), and livelihoods
- **Emergency Appeal Revision #2:** On 4 May 2019, IFRC published a revised Emergency Appeal scaling up to CHF 32 million to include the response to Tropical Cyclone Kenneth that was implemented in coordination with Movement partners, including ICRC, primarily in Cabo Delgado. This EA aimed to assist 172,500 persons for up to 24 months.
- **Transition:** From June 2019 to the end of that year, the operation shifted from acute emergency to the recovery phase, with a recovery strategy integrating approaches across sectors and with recovery assessments. Early recovery with a community and neighborhood-based focus aimed to support the safe return of the affected population to their areas of settlement and to safeguard community-based resilience.

¹⁶ DTM, <https://dtm.iom.int/mozambique>

- **Plan of Action revision:** In December 2019, IFRC and CVM revised the plan of action considering the changes in the context, particularly the food insecurity crisis in the central region of Mozambique that put over 2 million people in need of food. This deterioration was significantly accelerated by the impact from Cyclone Idai and the destruction of over 700,000 hectares of land along the Zambezi, Pungue and Búzi rivers. To respond to this acute situation, the revision of the plan of action entailed the geographic extension of the response to additional provinces: Tete, Manica and Zambezia. This allowed responding quickly in December and January with basic needs distributions (food parcels) and farming tools and seeds to farmers. Note that throughout the report, some of the information for provinces outside of Sofala may not be included as it was poorly documented¹⁷

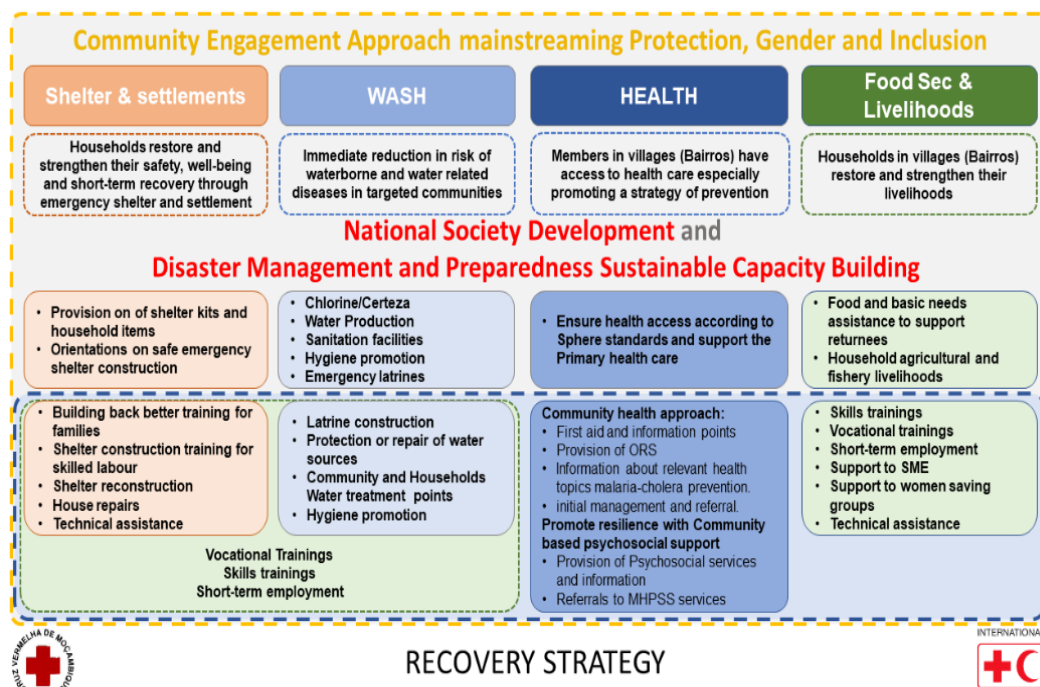


Figure 3: Revised strategy for multi-sectoral, resiliency-building interventions with mainstreamed CEA, DM, and strong NSD

- **Cyclone season for 2020/21:** Excessive rainfall led to further flooding with the arrival of Tropical Storm Chalane and Cyclone Eloise in the central region, particularly in Manica and Sofala Provinces, affecting over 70,000 people in the districts of Sussundenga, Gorongosa, Búzi, Nhamatanda, and Chibabava. In the village of Búzi, the water level rose forcing the displacement of 2,710 families from Búzi alone.¹⁸ In response, the IFRC and CVM managed to respond by supporting search and rescue efforts alongside local authorities, providing emergency first aid and emergency non-food items (NFIs) to households, including distribution of shelter kits, tarpaulins, kitchen sets, mosquito nets, buckets, and sleeping mats, water treatment units, latrines, showers, as well as sharing critical disease prevention messages and psychosocial support in accommodation centres.
- **COVID-19:** The response was put on pause as the COVID-19 pandemic hit the world in March 2020.
- **Emergency Appeal Revision #3:** The third Emergency Plan of Action (EPoA) revision was approved in September 2021 to analyze risk, prioritize activities, and redefine the chronogram, with an extension of four months until 19 July 2021 to account for the activity delays. This included an update to the recovery plan.

¹⁷ There were issues in multiple handovers due to changes of staff and gaps within IFRC, especially in the emergency response phase, that have led to gaps in documentation and data.

¹⁸ <https://displacement.iom.int/reports/mozambique-%E2%80%93-flash-report-18-buzi-movement-relocation-and-settlement-21-february-2021>

Some recovery activities began implementation between December 2020 and May 2021. The expected end date of July 2021 left a few large construction projects, such as water point construction in Tete Province ongoing. These were moved to the 2021 IFRC Operational Plan for expected completion in December 2021.

Community Engagement and Accountability (CEA)

CEA mainstreaming into all sector responses of the multi-sectoral approach to recovery helped to improve the quality of the Cyclone Idai response as well as in National Society Development for CVM. Following this strategy, the objectives of the revised CEA strategy were:

1. Enable communities to have access to clear and practical information in engaging ways related to the services available to them including selection criteria, and program closure.
2. Communities can raise any concerns and complaints, and these are responded to and acted on.
3. Ensure communities participate in designing the response and recovery efforts by using a fully integrated and community-led approach to recovery assessment, planning, and implementation.

Summary of the Idai final evaluation

The Final Evaluation of the Idai Operation occurred from October 2021 to January 2022 with an external consultant. The evaluation occurred in 3 target areas: Dondo, Beira, and Búzi Districts in Sofala Province. The data collection consisted of Key Informant interviews with CVM, IFRC, government, and community stakeholders. Approximately 400 community members were interviewed and there were 3 focus group discussions, one for each District. The field data was supported by a desk review of the IFRC documentation of the project. The main results for each sector are included in the detailed operational plan. The main conclusions and recommendations are shown in the tables below.


Table 2: Summary of main conclusions from the external Idai Operation Evaluation

Dimension	Description
Strengths of the programs.	• Multidisciplinary (diversity in programmatic areas)
	• Experience and competence of specialists from IFRC
	• Geographic coverage of the intervention
	• Availability of CVM to remain in the intervention
	• United, humanitarian nature of membership organizations
Weaknesses of the programs.	• Weak partnership with government entities., Large imbalance compared to the IFRC's deployed capacity.
	• Local recruitment was very slow, and the capacities of candidates were limited for both IFRC and CVM positions.
	• Weaknesses in administrative financial management.
	• Volunteers' management (The infrastructure for volunteer management was limited, and the process of paying their incentives sometimes failed)
Opportunities for the programs	• Lack of a standardized project management or work-planning tool that can keep the operations team on track within IFRC.
	• Funds within the scope of the 2030 agenda for sustainable development
	• Consolidation of the implemented programs with the design of the scope of COVID-19.
	• Partnerships with government entities
	• Consolidation of services through partnerships with grassroots organizations
Threats to the programs	• Availability of volunteers to remain in the intervention areas
	• Terrorist attacks in the project's area of intervention (Cabo Delgado)

General Recommendations	
Administrative	<ul style="list-style-type: none"> • Improved communication of procurement between logistics and sectors (CVM&IFRC)
	<ul style="list-style-type: none"> • Establish realistic Terms of Reference for the flow of administrative processes between the IFRC and the CVM
	<ul style="list-style-type: none"> • Decentralization of financial administration processes to provincial centers (CVM)
	<ul style="list-style-type: none"> • A standardized project management tool should be put in place for use in multi-sectoral programme plans, and people with operational leadership profiles should be trained in the use of this tool
	<ul style="list-style-type: none"> • Fast-tracked recruitment processes and active follow-up of recruitment needs to be ensured by support services
	<ul style="list-style-type: none"> • Review the financial management system, procedures, and tools and adapt them to modern standards of financial management
	<ul style="list-style-type: none"> • Improve volunteer management through the development of a volunteer database as well as creating incentives for their appreciation and retention
Strategic	<ul style="list-style-type: none"> • Ensure horizontal leadership where all program leaders can participate and provide inputs to allow all sectors to contribute effectively
	<ul style="list-style-type: none"> • Develop a general strategic and operational plan for the Programs (Instead of different programs doing things in different ways)
	<ul style="list-style-type: none"> • Ensure that the performance of the program teams is in line with national plans and global agendas (The CVM must be attentive to government initiatives in its realm of action and understand how it can contribute to these)
	<ul style="list-style-type: none"> • Establish communication channels that guarantee an efficient and effective flow of information between the different sectors and with external entities
	<ul style="list-style-type: none"> • The CVM should be closer to key external humanitarian and development stakeholders, such as the UN, and analyze how operational strategies can be established to gain access to new projects within the scope of the 2030 agenda
Operational	<ul style="list-style-type: none"> • Establish quality assurance mechanisms for services installed in the communities
	<ul style="list-style-type: none"> • Ensure mechanisms for timely payment of volunteers and key actors on the ground
	<ul style="list-style-type: none"> • Managing the social risk of the interventions (some beneficiaries were relocated to regions without schools for children, unable to carry out their subsistence activities)
	<ul style="list-style-type: none"> • Ensuring that all actors involved in humanitarian aid comply with ethical principles

Further findings from the evaluation can be found in each corresponding sector as well as in Annex 2 of the present report.

C. DETAILED OPERATIONAL REPORT

 Shelter, Housing, and Settlements		Female > 18: 81,589	Female < 18:
		Male > 18: 66,755	Male < 18:
Objective:	<i>Communities in disaster and crisis-affected areas restore and strengthen their safety, well-being, and longer-term recovery through shelter and settlement solutions</i>		
Key indicators:	Indicator	Actual	Target
	Outcome 1: Communities in disaster and crisis-affected areas restore and strengthen their safety, well-being, and recovery through shelter and settlement solutions		
	# of people assisted that receive emergency shelter assistance and awareness on safe shelter and good construction practices	146,344	168,140
	# of volunteers trained	113	200
	Output 1.1: Short-term shelter and settlement assistance is provided to affected households		
	# people/households provided with emergency shelter kits that meet the agreed standards for the specific operational context	8,015 ¹⁹	10,315
	# of HHs reached with other Shelter NFIs	18,431 ²⁰	20,489
	Output 1.2: Technical support, guidance, and awareness-raising in safe shelter design and settlement planning and improved building techniques are provided to CVM staff, volunteers, and affected households		
	% of the target population provided with an awareness orientation campaign who can build a safe shelter and identify good construction practices)	106%	90%
	# of CVM volunteers trained in build-back safer and all-under-one roof approaches	131	200
	# of people reached with IEC materials and awareness sessions	51,575	51,575
	# of HHs that received at least one training in build-back safer (in emergencies):	8,015	10,315
	Outcome 2: The target population has durable and sustainable shelter and settlements solutions through an owner-driven approach		
	% of target households who have a durable shelter that meets national and/or Cluster standards for recovery for the specific operational context	17%	100%
	Output 2.1: The target population has durable shelter solutions		

¹⁹ It is likely that this number is higher than reflected here, due to information loss in the acute emergency stage

²⁰ Same as footnote above.

# of assessments conducted	1,697	1,500
# of target households who have received durable shelter and housing assistance that meet agreed standards for the specific operational context (e.g., repair or reconstruction through cash/voucher/in kind)	255	1300
Output 2.2: Technical training and awareness-raising sessions to target communities on building back safer shelter reconstruction/construction		
% of the target population provided with an awareness orientation campaign who can build a safe shelter and identify good construction practices	Not measured	90%
# of artisans trained in BBS shelter construction	98	120
# of households trained in BBS shelter construction	1,372	1,500

The implementation of the shelter program occurred in 3 phases, the acute, early recovery, and recovery period. This was reflected in different activities. Initially, shelter NFIs were distributed to meet urgent needs.

The emergency phase occurred between March 2019 and June 2019. Up to 114,055 people affected by Cyclone Idai and Cyclone Kenneth received emergency distributions of shelter kits and essential household items, including shelter toolkits, tarpaulins, kitchen sets, blankets, mats, and foam mats, shelter materials, and several other household hygiene items, such as mosquito nets and dignity kits. These distributions took place in 54 accommodation centres and resettlement sites around Sofala, specifically in Beira, Búzi, and Dondo, between 4 April and 15 June 2019, and in Cabo Delgado in 2020, with the support of Partner National Societies and the International Committee of the Red Cross (ICRC), CVM reached 4,921 households (approximately 24,605 people).

The population supported was mostly located in Búzi, Beira, and Dondo regions (Sofala) affected by Cyclone Idai and Macomia, Pemba, and Ibo regions affected by Cyclone Kenneth. The French Red Cross supported the rapid response through immediate mobilization and deployment of full household kits from La Reunion and La Mayotte through the PIROI system which also included members of the Red Cross Red Crescent movement (CVM, Seychelles Red Cross, Tanzanian Red Cross, IFRC and ICRC, etc.).

Table 4: Shelter NFI kit distribution by location, 2019

Province	Community	Number of Families
Sofala	Beira City	16
Sofala	Guara Guara	1,400
Sofala	Chinamacondo	139,689
Manica	Gondola	284
Cabo Delgado	Palma	4,921
Total		146,310

Transitional houses were built in the early recovery period from mid-2019 to the end of 2020. The CVM and IFRC team used 3 different models as they developed and improved over time. The focus was on using local or regional material, which was also natural and sustainable. The transitional shelters were modeled after traditional shelters in the region, as an improvement to the temporary shelters including those made from the NFI kits.

TRANSITIONAL SHELTER Type 1

05/2019 to 04/2020

Floor Soil

Walls Earth internal / external

Roof Thatched roof

Weak points:

Walls: heavy logistics

Roof: Thatch roof prone to fire + seasonal + heavy logistics

Floor: prone to flooding



TRANSITIONAL SHELTER Type 2

04/2020 to 08/2020

Floor Stabilized soil

Walls Earth internal / external

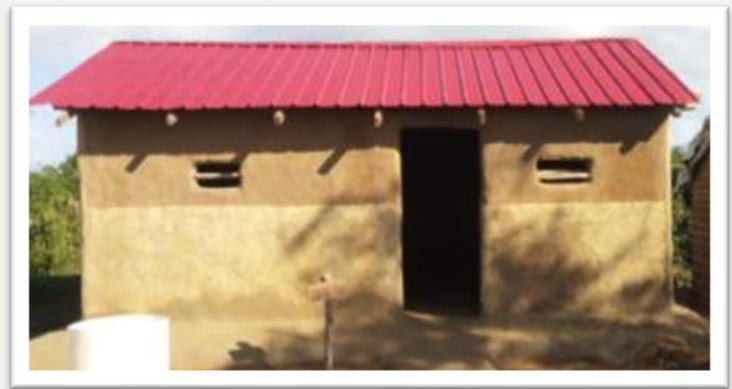
Roof IBR sheets 0.4 mm thick

Roof: fire resistant

Floor: improved resistance to flooding

Weak points:

Walls: heavy logistics + damaged by heavy rains



TRANSITIONAL SHELTER Type 3

08/2020 to 02/2021

Floor Stabilized soil

Walls Bamboo external / earth internal

Roof IBR sheets 0.4 mm thick

Roof: Resistance to fire + low logistics

Walls: Reduced logistics

+ Protection from rain + Beneficiary involvement in internal wall (outside bamboo by IFRC with internal mud walls by the community)

Floor: improved resistance to flooding



The transitional houses were meant to be improved temporary housing over the NFI kits (tents and tarps) until people could move to their permanent houses, however, the community saw them as permanent houses, especially in poor areas. These transitional shelters were tested as Tropical Storm Chalane, and Cyclone Eloise made landfall in the region during the 2020/2021 season. Unfortunately, they sustained damage with many only retaining the metal roofing. Note that this was expected as they were transitional shelters, however, it was a source of concern for the community. Repeating storm cycles leave communities vulnerable with traditional and transitional shelters. While more affordable to construct, they are not as resistant to disasters.

Permanent (resilient houses were built in the latter part of the emergency appeal, in one of the most vulnerable districts of Sofala (Búzi) and in line with the district government resilience plan of the area (permanent houses in Guara Guara).

As such, permanent shelters were highly valued by the community. Based on this feedback, in the final phase 2, permanent shelters were built as a prototype for future projects, including the response to Cyclone Eloise.



Figure 4: Permanent shelter in Guara Guara

The permanent shelters have the advantage of greatly improved resistance to disasters. Additionally, their construction provides income and training for local artisans, who were contracted for the construction. Many of the materials were locally fabricated. The bricks, for example, are produced locally in the Guara Guara community where the shelters were built with a machine press from IOM using a combination of 70% soil and 30% cement. The trained artisans can then continue the work with the knowledge and practical skills they have gained through the project. The households who have received houses are expected by local stakeholders to support further families during future cyclones, members of their families but also other vulnerable families of the communities, and such improving the reach of these valuable resources.

Throughout the shelter project, there was very good cooperation between CVM and the community. Regular gatherings were held with community members and leadership for feedback throughout the project. Locally based CVM volunteers were vital in connecting the community and the Red Cross. Feedback from Post Distribution Monitoring showed that 62.5% of the 40 people interviewed felt comfortable approaching CVM if they have a problem or need information, and 35% of them would approach a community leader. Community leaders expressed that while multiple organizations came to aid in Chinamacondo following Idai, the Red Cross was the organization that provided continuous support and they were pleased with the relationship they had with the Red Cross. Additionally, throughout the project, there was good cooperation between CVM and IFRC, with IFRC handling the administrative tasks such as logistics and CVM performing the field implementation activities for construction.

Outcome 1: Communities in disaster and crisis-affected areas restore and strengthen their safety, well-being, and recovery through shelter and settlement solutions

- 139,689 families assisted with assistance and training about emergency shelters and good construction practices in Dondo, Búzi, and Beira City Districts



Figure 5: Training in Búzi about emergency shelter construction

- 113 Red Cross volunteers were trained in the above-mentioned districts
- 8,015 families received emergency shelter kits with 6,415 families in Dondo, Búzi, and Beira City as well as to 1,600 refugees in Manica and Cabo Delgado Provinces. An additional 900 kits were prepositioned for emergency response, some of which were distributed under the Cyclone Eloise emergency response.



Figure 6: Shelter NFI distribution in Búzi

- 18,431 households were reached with additional NFIs including kitchen and agriculture kits in Chinamacondo and Búzi as part of the multi-sectoral response

- In response to the Búzi floods in February 2020, the shelter team, working hand in hand with the CVM distributed emergency shelter kits and NFIs to 227 households in Muchanessa and Guara-Guara. Each shelter kit consisted of 2 tarpaulins, 1 shelter toolkit, 1 kitchen set, 2 mosquito nets, 1 bottle of chlorine solution, 1 bucket, and 2 sleeping mats. In coordination with the IOM, the Shelter and CVM team was able to provide large tarpaulins in accommodation centers of Ring I and Ring II to protect approximately 700 people from the harsh weather. Moreover, an additional distribution of mosquito nets for 116 households was carried out in the community of Munamicua.
- 106% of the target population participated in an awareness-raising campaign about how to build a safe shelter and to identify good construction practices



Figure 7: Build Back Safer training in Chinamacondo

- 131 CVM volunteers were trained in Build Back Safer techniques
- 51,575 people were reached with Information Education Communication (IEC) materials and group sessions about shelter topics

- 8,015 households were trained in improved construction techniques including the Participatory Approach for Safe Shelter Awareness (PASSA) and Build Back Safer (BBS) methodologies

Outcome 2: The target population has durable and sustainable shelter and settlements solutions through an owner-driven approach

- Many households in Chinamacondo have improved shelters after the massive Build Back Safer campaign in that community
- A series of community meetings were held in the target locations to define housing typologies and the construction technique and agree on the vulnerability criteria and targeting methodology. Following these discussions, out of the 1,300 shelters planned to be built throughout the duration of the Revised Emergency Appeal, over 400 shelters were assessed for communities in the rural areas of Praia Nova and Chinamacondo. Different methodologies are being used for the reconstruction: 1) full construction with trained artisans' support for houses destroyed and owners unable to undertake reconstruction; 2) support with construction materials and training to owners with close monitoring from CVM staff; 3) support with materials required for smaller repairs. Of the 400 planned, 255 families received shelters and assistance in Chinamacondo. Please see Challenge #8 for more information.
- 51,575 people in the target population reached in awareness raising campaigns about how to build a safe shelter and identify good construction practices
- 98 artisans were trained in Build Back Safer (BBS) techniques. About 45% of the artisans are women. These artisans were selected to be involved in the house repairs and/or construction. The BBS training contains theory and practical exercises in a pilot house to ensure artisans acquire the skills for these techniques. These artisans will support or build houses for particularly vulnerable people that otherwise could not recover their houses. This acquired knowledge will last and serve the community in the future.



Figure 8: Overview of the Build Back Safer curriculum

- 1,372 families were trained in BBS
- 2 permanent shelters were completed in Búzi (with plans for a total of 100 under the Eloise Appeal)

Challenges

1. Construction requires a very large procurement process, which can create delays and requires strong management. CVM and IFRC Maputo Country Cluster agreed to split project implementation roles, and this worked well: Field management for CVM and Logistics, Finance, and other Admin management for IFRC. The model of IFRC doing the support roles worked well in this context, however, CVM needs support to strengthen non-program areas such as procurement, logistics, and finance to lead these sectors in future projects.

2. The project was too big for the local market. As such, the availability of supplies in the market was very much constrained, particularly for traditional materials, which is typically the construction method across the affected provinces. For example, thatch can only be harvested in the dry season. This was attempted to be mitigated through the development of alternative transitional housing models. Still, the large demand for materials influenced the market prices locally and regionally, especially for core materials such as cement and cement blocks. Further prepositioning of shelter stock should be explored with materials purchased in non-emergency times, when possible, to minimize the effect of purchases on the market. Also, some of these issues can be mitigated by creating IFRC framework agreements or enabling IFRC to use CVM framework agreements. Another option would be to promote the production of sustainable materials as an income-generating venture, which could be combined with a strategy for reducing flood risks when planting in flood-prone areas.
3. The impact of the procurement led to an increase in market prices due to the demand of the organization. It is unclear if it would be possible to implement the project without influencing market prices, but additional actions could be taken to further reduce this risk.
4. Transportation to remote areas is complicated and expensive. The budget for this transportation was underpriced, as the need was greater than that which the market could supply, causing implications for the overall budget of the project. The prices rose due to the limited supply to meet the demand of the project. Circumstances such as rainfall could block deliveries and cause project delays. In the future, this will be allotted a higher budget as well as ensuring there is a framework agreement for transportation. The NS could be supported to increase its fleet capacity in this area to reduce the need for third-party transportation.
5. Many households who received tents and tarps from other humanitarian partners during the beginning of the emergency phase (especially in the resettlement sites across the Idai-affected provinces) were still using the same emergency shelters one year after the cyclone and the tents had then worn out with water leaking in during the rainy season. Most of these families were in resettlement sites far from their previous livelihoods and they did not have the financial capacity to buy materials to build better houses. The multisectoral support strategy provided comprehensive support to a lower number of communities as opposed to reaching many persons with smaller initiatives. As such, the shelter project was largely successful but there remained people in such temporary shelters when Cyclone Eloise hit the area in January 2021, further illustrating the issue of recurring instability and shocks. The needs for improved shelter were very huge and not all demand could be satisfied by shelter partners. IFRC should look for thematic partners for CVM in the theme of shelter to continue the same work. Emphasis will be on two areas, first emergency NFs and secondly in resilient housing to prevent beneficiaries from being stuck in a cycle of poverty due to poor-quality housing.
6. During Focus Group Discussions with artisans in Chinamacondo, they expressed concern over the terms of the contract provided by the IFRC. Their payment for services was unclear and they believed that this work excluded them from being beneficiaries of other distributions.
7. It was unclear what the beneficiary selection criteria were to some members of the community, and they wanted larger, blanket distributions as opposed to targeting the most vulnerable persons so that everyone could benefit.
8. The exit strategy for the shelter project did not occur as planned after the construction of the transitional houses. There needs to be more sensitization about the exit strategy throughout the operation so that the exit is understood. The lessons learned from Idai in this area will be applied to the exit from the Cyclone Eloise shelter project in Búzi, as it has a very large impact on the District CVM office and community.

Lessons Learned

1. There is a desire and need for future projects, as shelter damage is common after natural disasters in Mozambique. IFRC will support CVM to have partners in the shelter thematic area. The permanent (eg: Guara Guara) shelters built during the operation can be replicated for larger numbers of households in more areas.
2. Volunteer trainings for shelter have an ongoing impact. Trained volunteers, such as in Build Back Safer techniques, can support people to improve their shelters within their local communities.

3. The shelter project, especially the permanent shelters, has provided a lot of visibility to CVM and their work. The project was visited by high-profile government members and humanitarian organizations as an example of lasting results. The 2 constructed shelters serve as models that can be replicated in other areas to improve community resilience.
4. Cash for Work was used for shelter construction with the artisans, for the warehouse, and for transportation. Using a Cash for Work program provides local businesspeople an opportunity to use their skills and provides additional income for the community. As mentioned under the shelter program, the contracts used during Idai for these services should be revised, however, the program itself worked well and could be used in future responses. This may also reduce difficulties with hiring third-party contractors for these services.
5. Multisectoral support is welcomed by the community, with the minimum elements being health, shelter, and FSL. It provides a holistic meeting of needs for improved recovery. Yet, it provides unique challenges for implementation, in this case, for support in areas that may not be aligned with the National Society's long-term priorities. This support strategy is good for increasing the resilience of a few communities as opposed to reaching many to meet immediate needs. Further discussion of this point is included in the [Recovery and Transition Study: Mozambique Cyclone Operation 2019](#) which outlines additional lessons learned from the Idai operation as part of a larger discussion about IFRC emergency response.
6. It was exciting to see the participation of women in the BBS training, with 45% representation among the trained artisans. Construction is traditionally seen as a man's role. Combined with the Protection, Gender, and Inclusion trainings in the community, there was a shift in people's mindset about including women and vulnerable people in activities and assisting those who need it. This success will be shared with other communities as an example of gender equality. The women who participated in this training have the skills they need to improve their own shelters, which can be a challenge for female-headed households. Additionally, these skills can provide a source of income for women to diversify their sources of livelihood.
7. Several PDMs were conducted after the distribution of Shelter Kits and household NFIs. The initial PDMs in Búzi and Beira showed overall, high satisfaction of the population (98%) reached with the goods distributed. Items that have least been used are the blankets (4% in Beira and 9% in Búzi), sleeping mats (6% in Búzi), and mosquito nets (12% in Beira). Items that have been most used are Tarpaulins (83%), Shelter Tools/Sahel kits (44%), and Kitchen Sets (43%) with no significant differences between Búzi and Beira. Regarding the question of whether respondents would have preferred other assistance, 61% would have preferred Corrugated Galvanized Iron sheets (CGI), 9% food, 8% cash and wooden post, and 7% cement.
8. Overall, the Shelter project was the most challenging to implement, yet also had some of the greatest impacts on lasting change within the community. The lessons learned, from housing designs to technical experience, can easily be replicated and used as a springboard for other shelter projects and responses.

Evaluation findings

1. The new strategy (resilient housing) received praise and recognition from the various governmental (INGD, GREPOC) and non-governmental (ONUHABITAT) institutions, within the scope of the assistance provided to victims of natural disasters.
2. The Program had a significant and positive impact.
3. In the event of cyclones or other extreme events, the houses built may serve as shelters for other vulnerable families.
4. The program allowed the construction of resilient houses that served as a shelter for the allocated families, as well as the community, in the event of extreme natural phenomena.
5. There was a communication failure between the logistics team and sectors, which caused delays in the process.
6. The process of acquiring and distributing shelter materials suffered from long delays in procurement



Livelihoods

Female > 18:
32,297

Female < 18:

Male > 18:
29,813

Male < 18:

Objective:

Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods

Key indicators:

Indicator	Actual	Target
Outcome 1: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods		
# of people supported by livelihoods interventions target	12,117 (60,589 people)	12,767 (63,835 people)
% of target communities perceiving an increase in their capacity to protect their livelihoods and recover in case of disaster	100%	100%
% of targeted individuals (beneficiaries and volunteers) that apply new acquired skills to strengthen and diversify livelihoods promoted by the program	100%	70%
Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to the target population.		
# Number of target population provided with new skills and knowledge to compete in the job market:	300	300
# of loan and saving groups supported or created:	21	20
# of CVM volunteers trained:	100	50
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities		
# of households supported to meet their basic needs (in-kind, e-voucher, or through the social protection system)	2,469	2,361
Output 1.3: Household livelihoods security is enhanced through food production and income-generating activities restoration		
% of target households that restore their food and income sources to pre-disaster level	40% Sofala, 20% Tete (from VSL groups)	75%
# of farmers supported with assets	9,379	7,800
# of farmers supported with training	1,792	2,000
# of fisherfolks supported	148	148
Output 1.5: Households are provided with multipurpose cash grants to address their basic needs		

# of households supported to meet their basic needs through the social protection system)	2,469	2,300
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The Food Security and Livelihoods (FSL) strategy responded to the assessed needs related to significant crop damage, loss of livestock, limited labor opportunities, and extremely limited access to food in remote areas due to the destruction of stores, crops, assets, and market disruption in the acute and early recovery phases. The Livelihoods and basic needs strategy was designed following a two-pronged approach:

- 1) responding to the basic needs of most affected populations until their sources of income can be restored and strengthened, including the provision of food, while
- 2) supporting the restoration of livelihoods and income sources in urban, peri-urban, and rural areas.

This strategy was closely articulated and reinforced other sectors of intervention, in particular Shelter and Wash. Cash Transfer Programming (CTP²¹) was the tool of preference to deliver basic needs support in urban areas, and the replacement of the asset for one of the targeted livelihoods group, based on feasibility and local capacities, building up on the Cash preparedness advocacy programme of the Spanish Red Cross.

In the acute emergency phase, CVM, with the support of volunteers, IFRC and PNS provided immediate assistance through food distributions in Beira and Búzi districts of Sofala province and Moatize district in Tete Province. In the early recovery and recovery stages, the work focused on livelihood protection, restart, and strengthening. While intended to be completed earlier in the program, the cash transfer program (CTP) occurred in 2021. It was the first CTP for CVM and one of the largest in the country at the time. More information on this component of the response can be found in [Cash Programming in Mozambique Post-Idai](#).

Outcome 1: Communities, especially in disaster and crisis-affected areas, restore, and strengthen their livelihoods



Figure 9: Food distributions in Vila Massane, Sofala Province

- 4,790 food kits were distributed in the emergency phase reaching 9,760 people in Sofala, Chinamacondo, and Manga. The distributions were conducted during the emergency response phase in January and February 2020.
- 684 kitchen kits were distributed in Sofala Province with materials such as pots and pans to replace items lost in the cyclone for food preparation

²¹ Note that CVA-Cash Voucher Assistance is the preferred acronym for cash programs in this region, however CVA also refers to the Angolan Red Cross (Cruz Vermelha de Angola). The Cluster opts to use CTP-Cash Transfer Program to refer to cash assistance to prevent confusion.

- 148 fisherfolk in Chinamacondo, Sofala Province received commodity vouchers worth 13,000 MZN (approximately 187 CHF) for fishing tools along with technical training in environmentally sustainable fishing. This was conducted by the IFRC/CVM FSL team and technicians from the Ministry of the Sea, Inland Waters and Fisheries, (MIMAIP, Ministério do Mar, Águas Interiores e Pescas)



Figure 10: Fisherman at Praia Nova, Chinamacondo with his new nets from the fishing tools distribution

- A total of 1,000 farmer HHs (5,000 people) were helped with three rounds of distributions: three food voucher distributions, and two seeds and tools distributions held in December 2020, March 2021, and June 2021. The food vouchers were worth 2,500 meticaís (35 CHF) and the seeds/tools vouchers were worth 3,000 meticaís (43 CHF). Four communities in Tete Province were selected for distribution, namely Mitsanha, Katsanha, Chinguede, and Nhankoma.



Figure 11: Farmer in Tete using the watering can she received in the agriculture tools distribution in her vegetable field

- 992 farmers in Sofala Province received technical training in field farming schools. A total of 58 Farmers' field Schools were created throughout the operation, with 31 in Sofala and 27 in Tete, to provide technical support to the subsistence farmers in coordination with government agriculture extensionists.
- 21 Village Savings and Loan Groups were created, 6 in Tete and 15 in Sofala province, with the support of funds from the British Red Cross
- A total of 300 young people in the communities of Nhangau and Nhangoma, Sofala Province participated in vocational training courses. The planned training had to be split into two trainings of 150 students each due to COVID-19 educational mitigation measures. The first graduation ceremony occurred on 8 October 2021, after delays due to the national COVID-19 mitigation measures. In addition to their graduation certificates, the students received their start-up kits.



Figure 12: Graduation ceremony at Young Africa



Figure 13: Carpentry graduates with their start-up kits

- The second batch of 150 beneficiaries was supported through mobile vocational training. This activity was given an extension to be completed by end of October 2021 to allow for adherence to the COVID-19 national measures. This training was different from the first, in that it occurred in the community of Nhangau, where the students live. The students finished their courses and are awaiting the graduation ceremony from Young Africa. They have not received start-up kits, as the costs of this mobile training were higher. There is hope that this distribution could occur in 2022 under the Operational Plan.
- Training on production costs was given to 4,000 farmers and 27 facilitators—including volunteers—as a way of making farmers aware of the expenses incurred in the production process, thus making it easier to evaluate the gains obtained from the sale of their production. The same people participated in trainings on organic pesticide production and pest control using biopesticides.
- The FSL managers, field supervisors, field officers, and Red Cross volunteers involved in the project benefited from Training of Trainers (ToTs) staff trainings, which they then passed on to the communities. In total, 107 people participated in these sessions. The topics covered included Red Rose and Kobo, VSL with COVID-19 modifications, FFS approach with COVID-19 modifications, basic awareness of Income Generating Activities, marketing and value chain, cash and voucher assistance, and vegetable production.
- A total of 12 associations were formed during the operation, with 5 farmers associations and 1 fishing association in Tete and 5 farmers associations, and 1 fishing association in Sofala. The 6 Tete associations are formally recognized by the government, while the 6 in Sofala have started the process of registration.
- The 5 farmers' associations in Sofala were assisted by a tractor to help prepare their fields, rented by the Red Cross to reduce the labor for restarting their agricultural activities. The farmers in this community also benefited from the distribution of certified seeds and technical assistance.



Figure 14: The tractor rented by Red Cross to support the associations of Chinamacondo preparing fields

- The 5 farmers associations in Tete received irrigation kits to use in their fields, including a motorized water pump, with the capacity to pump over 300 liters of water per minute, 200 meters of piping that matches the distribution valve diameter, and 5 meters of perforated pipes for each association. The associations were trained to use the irrigation systems in coordination with the WASH team, including the maintenance of the motorized pumps, to guarantee their sustainability.



Figure 15: Association in Tete Province receives their irrigation kit

- A total of 2,564 saplings were distributed in Chinamacondo, Sofala Province, with 668 cashew trees, 1,228 orange and tangerine trees, and 668 Kapok trees (Samauma) to replace forests.
- The unconditional cash transfer program reached 2,469 households (12,345 people) during the project, of which 1,977 households were in the Nhangau community and 492 in the Nhangoma community, both in

Sofala province. The two neighborhoods were part of the most Cyclone Idai-affected vulnerable communities according to an assessment by the government agency of Social Work, INAS. The people who benefitted from this assistance are split as follows:

- 1,045 HH with their own Mpesa accounts (they could open their own accounts because they had formal papers/IDs)
- 1,424 HH with IFRC-purchased SIM cards (for beneficiaries with no formal papers/IDs)

Participants received 3 transfers for a total of 15,000 MZN per household, approximately 215 CHF.

- A total of 300 households in Tete Province received 3 guinea fowl (2 female, 1 male) per household to restart their livelihoods. This was done through two distributions in June and July 2021. This distribution is designed as a Pass-On Program. The households that received chickens will breed them and then share with others in their community who did not participate in the distribution.



Figure 16: A woman transports her guinea fowl home after distribution

Challenges

1) Distribution Monitoring assessment was done in Tete Province following the food, seed, and tools distributions. The survey occurred from 31 August to 2 September 2021 with CVM personnel and volunteers. A total of 167 people were interviewed in Chinguede, Katsanha, Mitsanha, and Nhankoma. 56.8% of people interviewed planted all the seeds received in the seeds and tools distribution. The others were planted apart and one person had not planted their seeds by the time of the survey. Approximately 18% of those still with seeds ate or sold the seeds, which indicates negative coping strategies are still being used after the project to meet immediate needs. This is partly due to a delay in distributing the water pumps to the farmers' associations in Tete Province, which were used for irrigating crops. As such the distribution was made after the agricultural season had started, as a form of pre-positioning. The timing of such distributions should be improved in the future.

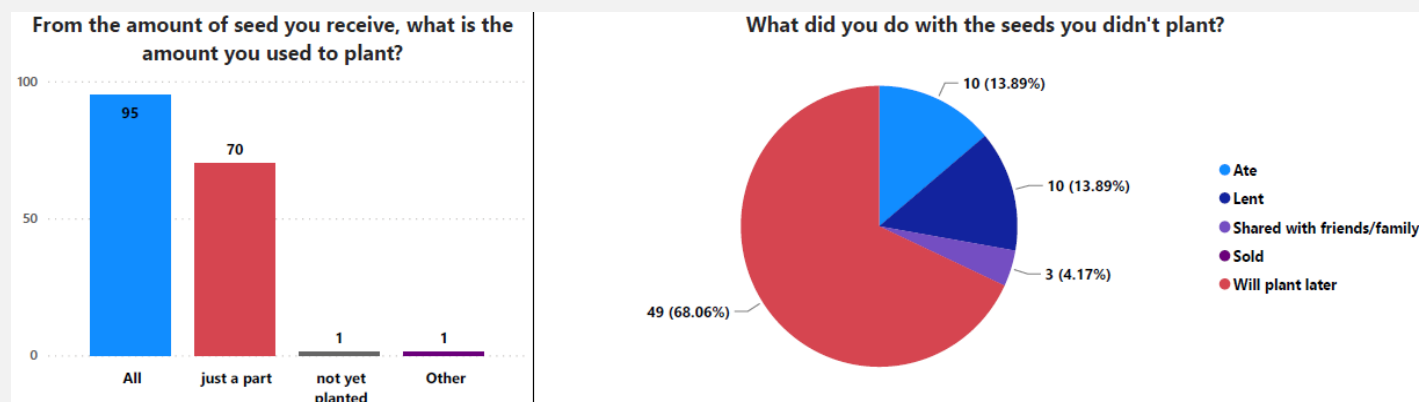


Figure 17: Results of the Tete FSL PDM concerning seeds received, with 167 respondents out of 1,000 who participated in the distributions

- 2) There was concerning feedback from the PDM in Tete Province following the food, seed, and tools distributions, with 27 people out of 167 stating that they had to pay a favor to be included on the distribution list. IFRC is following up on the matter, with investigations into whether it was an internal or external issue. A similar complaint had been received in the past, and upon investigation by the CEA team, turned out to be a misunderstanding of the form by the volunteer collecting data. For the WASH distributions in the same areas, there were many awareness sessions so that internal and external stakeholders knew of the RCRC integrity policy. Awareness-raising sessions will be held in the Tete communities emphasizing the message again that aid is free and encouraging further feedback and reporting throughout 2022 and ensuring that this messaging is mainstreamed into all programs. Note that the issue was not present in the Sofala distributions. IFRC will investigate this matter as soon as possible to understand where in the process the favors occurred. There will be awareness sessions held in the communities emphasizing that aid is free and about humanitarian principles. Such sessions are regular programming of the Community Engagement and Accountability structure before distributions. Participants did mention that they knew of the feedback mechanisms in place, but no complaints were registered about this matter. Additional training will be done in these communities to ensure that people are comfortable using the different feedback mechanisms, including anonymous ones. The lessons learned from these investigations will be used to improve future distributions to prevent this issue.

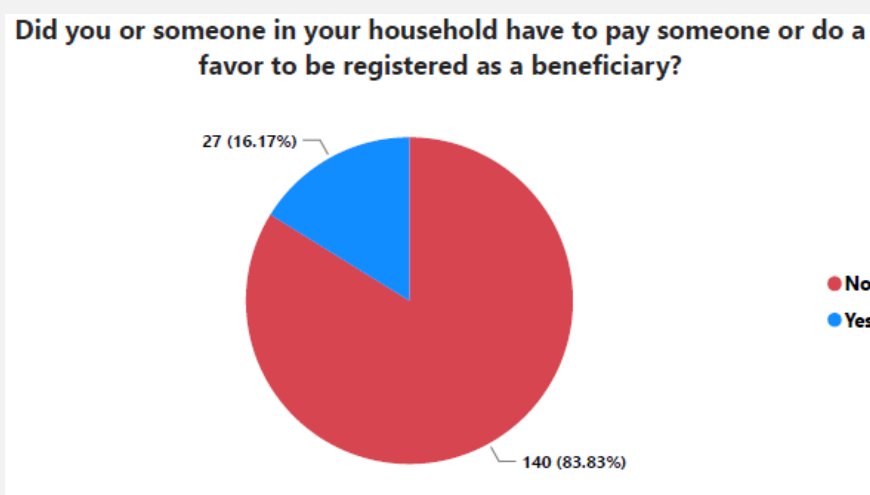


Figure 18: Results of the Tete FSL PDM concerning payment for aid with 167 participants out of 1,000 who participated in the distributions

- 3) The communities that participated in the FSL distributions are extremely poor. It has been a challenge to deliver non-blanket distributions, targeting a specific population as opposed to the entire community. Even with specific vulnerability criteria, the selection had to exclude certain persons that needed assistance. It was very difficult to make the selections when the need is so vast across the region. There are stakeholders who perform voluntary work to support project implementation, such as those in the public sector, who are also very poor. In the future, IFRC will also work to improve the community analysis process to decide where blanket distributions and target distributions are appropriate, as another way to mitigate this risk, as resources allow.
- 4) Another challenge of the high levels of poverty level within the country was that many CVM volunteers saw volunteering as a form of employment with incentives provided for their work. Other organizations within the country pay “volunteers” for their services given this situation. As such, it has been difficult to retain volunteers and to promote an attitude of true volunteerism in very poor communities of Mozambique. A possible solution would be to ringfence a percentage of our activities for the CVM volunteers, whether trainings or other benefits, due to the country context. This is in accordance with Mozambican Law 7/2011 of 11 January.
- 5) Many people in the program did not have government-issued identification documents, especially after the impact of Cyclone Idai. This complicated the cash and voucher program, with nearly half of the beneficiaries

ineligible for their own mobile banking accounts (or other bank accounts). To resolve this, IFRC purchased many SIM cards to be used in the program and then returned them for future projects.

- 6) Along with the delays due to COVID-19, the agreement with INAS (National Institute of Social Action) took about six months to develop and approve, which further delayed the cash program. There were similar delays with the agreement for the Financial Service Provider, Vodacom. The agreement with Vodacom is valid for 2 years, which provides readiness for future responses, however, these types of agreements should be negotiated for long time frames with the Red Cross to prevent future delays. This can be part of CVM's readiness planning procedure as they plan to increase their capacity for cash assistance in 2022.
- 7) Due to changes in the exchange rate and the higher cost of mobile training, it was not possible to purchase start-up kits for the second 150 vocational training students. It is hoped that this activity can be completed in 2022 under the Operational Plan.
- 8) A challenge during the guinea fowl distribution is that many birds did not get transported in good enough conditions and many died in transport. They had to be replaced by the supplier.
- 9) The National Society has no dedicated Food Security and Livelihoods technical lead, or a dedicated Cash and Voucher Assistance lead. IFRC implemented directly in this sector during the Idai Operation with the help of volunteers and some local CVM staff. CVM played a leading role in establishing a good relationship and formal agreement with INAS for the implementation of this project. This was led by CVM senior management. There is donor interest in FSL projects and need within the country, so it would be good for IFRC to find a thematic partner for this sector for CVM and continue supporting CVM to build capacity in this sector. They previously had an FSL program, but it was dissolved before the Idai Operation, with FSL components being integrated into other sectors.
- 10) The Government of Mozambique stated clearly that the use of multipurpose cash for the humanitarian response to Cyclone Idai was not permitted for the emergency phase. The possibility of the use of cash-based assistance was limited to the use of restricted transfers during the recovery phase. As such the strategy for the unconditional cash transfer program had to be adapted for a later timeline. Additionally, the mitigation measures for COVID-19 restricted the program initiation in 2020 as many government offices had limited services and certain agreements had to be in place before beginning the program. As such, the cash transfer program had a delayed start and occurred in 2021.

Lessons Learned

1. Agricultural distributions must be aligned with the seasonal agricultural cycle if they are to have the greatest chance of being effective and resolving any possible delays based on the cycle.
2. As mentioned above, our Idai experience tells us that smaller support and more blanket distributions may work better in extremely poor communities, helping everyone but also stopping requests for commissions which are common in the Mozambique community. In situations of high poverty, blanket distributions may reduce corruption risks. As such, this type of intervention will be explored further and possibly implemented as funding allows.
3. The distribution of the speed boats for the Disaster Management component of the operation provides an opportunity for income generation within CVM for the National Society. Other National Societies with similar programs use search and rescue boats to provide transport services. This provides income as well as keeping the boats maintained and the operational team well-practiced.
4. One way CVM plans to expand cash programming is to use cash transfer programs to support people affected by COVID-19. It can be difficult for people who live off day-to-day work to afford to take 2 weeks off for quarantine and may discourage people from being tested. Additionally, the pandemic has had a large economic impact, especially as many informal businesses were closed or operating under limited hours during the pandemic due to government mitigation measures and many with formal employment were let go.
5. According to the Post-Distribution Monitoring survey, most interviewees (64%) used the funds from the cash transfer to purchase food, followed by shelter materials. Of the 4% of respondents who stated that

the amount received was not enough to cover their basic needs, the most common response was that it was not enough to cover the purchase of metal roofing (chapas).

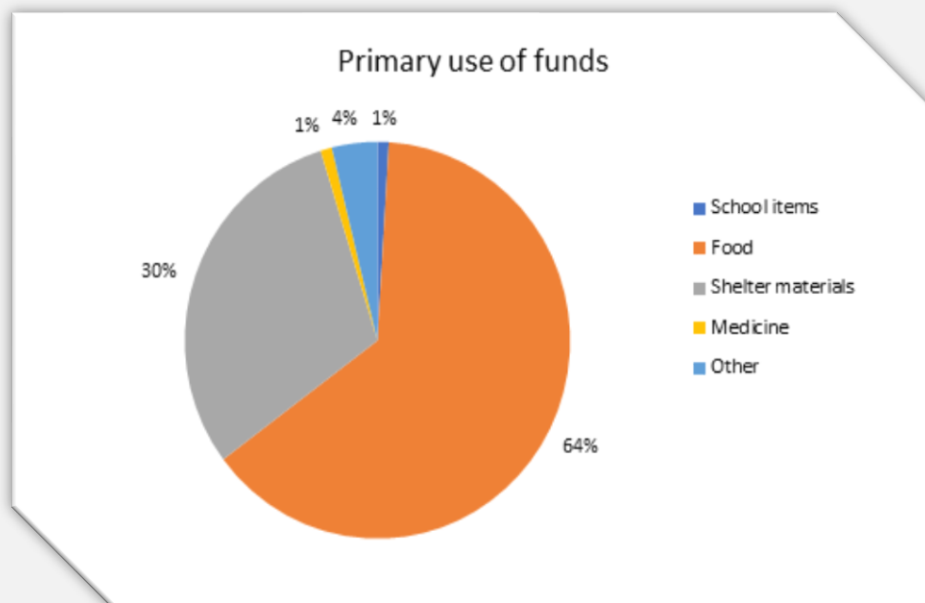


Figure 19: Results from the PDM carried out on 22-24 July 2021, reaching 333 of the 2,469 households

Evaluation Findings

1. The Program had significant relevance for the beneficiaries. The services provided by the program assured them of a sustainable means of life and well-being. The program, in addition to providing help in terms of responding to basic needs, created conditions to boost the economic life of fishermen, farmers, and other economic sectors of the communities.
2. The intervention and the objectives of the program remained valid and appropriate to the necessities of the communities affected by the cyclone, but there was not enough flexibility to adjust project design quickly when procurement challenges were encountered.
3. There were enough funds for the program, but the procurement challenges created some inertia in certain operational activities.
4. The hired human resources were compatible with the operational needs, however, there was a deficit in terms of quality for the coordination positions.
5. The material resources allocated to the program contributed to the achievement of the project's objectives, but the logistical processes meant that the material arrived, many times, with delays.
6. The program suffered from delays during the transition of key IFRC staff; this was a period of inertia. Some of the intentions of the original assessment and planning approach were lost during this time.
7. The process of registering, organizing, and distributing aid represented one of the biggest challenges, as cases of double registration of some beneficiaries were found. It is important to highlight that there was a system to identify possible complaints from the communities. We discovered the existence of groups of beneficiaries who, to obtain the benefits, more than once, left the center for a few days and later returned to the center to obtain more support from the project. And some beneficiaries interviewed suggested that some of these actions were in connivance with the neighborhood secretaries.
8. The intervention carried out by the program created the conditions for communities to opt for sustainable alternatives to produce and commercialize their products.
9. The program created the conditions for the subsistence of communities as well as the capacity to meet their basic needs.



Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

Female > 18:

226,555

Male > 18:

209,127

1,600,000

Objective:

Strengthening holistic individual and community health of the population impacted through community-level interventions and health system strengthening

	Indicator	Actual	Target
Key indicators:	Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services		
	people accessing appropriate health prevention and promotion service	557,079 ²²	480,122
	# of CVM volunteers and staff respectively are trained	2,172	1,073
	Output 1.1: Communities are effectively supported by (CVM) to effectively detect and respond to infectious disease outbreaks		
	# of ORP kits that are prepositioned	17	5
	# of ORPs that are established and operational	11	11
	# of CVM volunteers are trained in cholera response	310	150
	# of the population served by ORPs	40,149	50,000
	# of CVM volunteers are engaged in CBS	860	900
	# of people reached through CBS	114,236	120,000
	Output 1.2: Community-based disease prevention and health promotion is provided by CVM to target the community		
	# of Community Health Mobilization are operational.	10	20
	# of CVM volunteers are equipped.	860	900
	# of volunteer mobile health brigades supported.	97	100
	# of children are vaccinated (supported in vaccination)	3,075	5,000
	# of maternal and Infant Health care sessions provided	2,006	3,000
	# of people reached through HH visits on H&DP&P	435,682	311,600
# of localities reached with social mobilization & risk communication	60	70	

²² Note that beneficiary tracking could not guarantee that each health participant was unique. It is possible that some people have been counted more than once throughout the health activities.

Output 1.3: CVM develops the capacity to assess and provide relevant healthcare support to communities & vulnerable HH

# of CVM technicians are effectively trained	24	23
# of CVM volunteers are effectively trained	882	900
# of community leaders are effectively trained	258	500
# of disease outbreak contingency plans are developed	3	20

Output 1.4: Communities are supported by Mozambique Red Cross (CVM) to effectively respond to psychosocial needs.

# of people that are reached with PSS activities.	72,529	60,000
# of people that are reached with PFA and stress management sessions	930	6,000
# of people attending skills for life sessions (children in safe spaces)	186	6,000

The health strategy was based on a rapid health assessment and priority given to addressing the needs of the affected population through Psychosocial First Aid (PFA) and psychosocial support information, access to emergency health care, and mobilizing community health resources focused on epidemic control and cholera prevention taking into consideration gender and diversity needs. An Emergency Red Cross Hospital ERU, EMT Type 2 led by the Canadian RC and supported by the Finnish RC was set up in Nhamatanda Rural Hospital. The ERU reached 12,383 people including consultation and medical interventions. At the end of the emergency phase, the medical equipment was handed over to the Nhamatanda Rural Hospital. Similarly, an emergency Red Cross hospital, funded by Portuguese RC in Macurungo, Beira was set up to respond. The Portuguese RC then funded the rehabilitation and expanded the services of the same hospital. The Italian Red Cross set up an emergency hospital at the main Hospital Central of Beira (HCB). At the end of this phase, it was handed back over to the HCB.

In the initial response, the health program focused on the prevention and cure of Acute Watery Diarrhea, which rose following the poor sanitary conditions caused by the massive flooding following the cyclone. This was done through the creation of 11 Oral Rehydration Points (ORPs) that were equipped to provide Oral Rehydration Treatment (ORT) in affected communities throughout Sofala Province. The districts of focus were Beira, Dondo, and Nhamatanda in Sofala Province. In the transition phase, Manica, Zambezia, and Tete Provinces were added for establishing ORPs.

A total of 11 Oral Rehydration Points (ORPs) were set up in Beira City in Accommodation centers reaching 10,251 people. The ORP in Munhava, Beira has closed in 2019. The transition process was developed in a sustainable manner taking into consideration the absorption capacity of the Nhamatanda hospital. A six-month handover period began starting mid-June 2020. The focus was on completing the transfer of knowledge to strengthen the local capacity of the Nhamatanda hospital staff and complete emergency rehabilitation services. The ORP kits were prepositioned through CVM across the country within the framework of a plan for a future Cholera Outbreak.

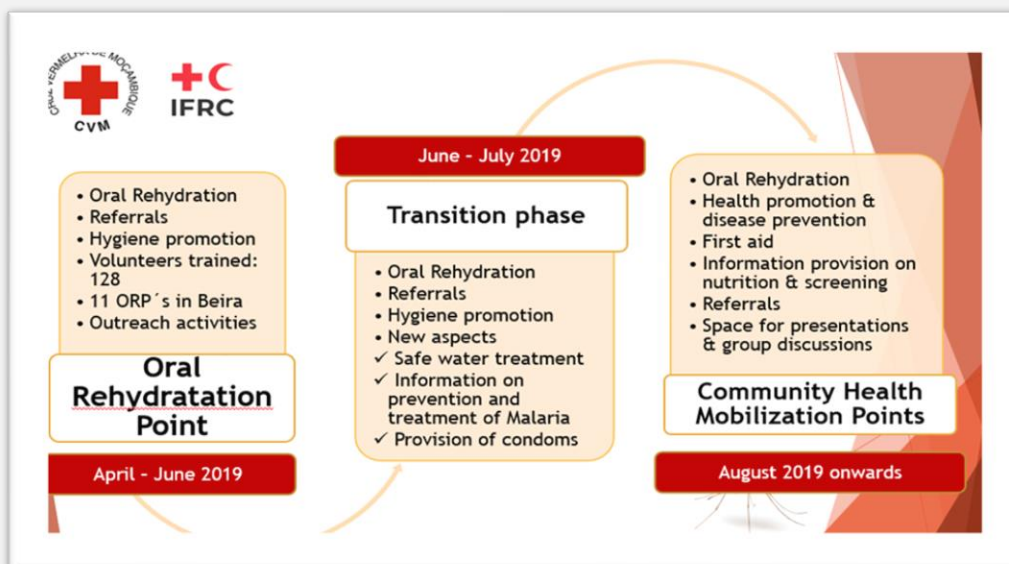
The ORP stations were then transitioned into more long-term community health treatment centers, known as Community Health Mobilization Points (CHMPs). In rural Mozambique, people often do not have access to a health center in their community. The CHMPs provide health assistance, including first aid and screening for common illnesses, and serve as referral points for other services. From July 2019, in the early recovery stage, the health sector implemented the holistic program “Healthy and Safe Communities” designed by CVM and complemented by the IFRC through investing in Community Health Mobilization Points (CHMP) as the centres whereby volunteers are trained and mentored to develop their knowledge and capacities to implement health

community services. The topics covered in the CHMPs include:

- Diarrhea disease and oral rehydration treatment
- Malaria prevention, symptoms, and treatment
- First aid
- Information on Sexually transmitted diseases and condom distribution
- Malnutrition and Pellagra screening and cooking demonstrations

When the COVID-19 pandemic began in March 2020, COVID-19 prevention, symptoms, and treatment were added to the CHMPs. Risk Communication and Community Engagement (RCCE) campaigns were run through household visits and mass communication, such as radio advertisements. A separate project was launched for COVID-19 and health in 2020 to support the Ministry of Health, especially to raise awareness in rural areas through community-based volunteers.

In January 2020 the government declared a cholera outbreak in Nampula. The Red Cross aided through this appeal with Oral Rehydration Treatment and sending volunteers to support the local health posts. This was the final Province to receive support during the project.



Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services

- Volunteer training for 882 CVM volunteers throughout the Idai Operation, with training sessions in:
 - Community-based Health and First Aid
 - First Aid
 - Cholera and ORT/ORP
 - COVID-19
 - Advanced COVID-19

Note that Nutrition training was planned but did not occur. As such, there were few cooking demonstrations completed during the project for the beneficiary communities. This is an area for future CVM programming

- All 882 volunteers who were trained were equipped with the following materials: CVM visibility material (hats, t-shirts), PPE, raincoats, rain boots, backpacks, and water bottles.
- 40,149 people reached through Oral Rehydration Points
 - As the first cholera cases were identified (late March 2019), the Emergency Red Cross Hospital was set up in Nhamatanda Central Hospital. The Emergency Response Unit (ERU) received 12,383 patients over 1.5 months, including consultation and medical interventions
 - Around 30 Oral Rehydration Points (ORPs) were planned in response to the cholera outbreak but eventually only 11 ORPs were set up in Beira city, in the most critical neighborhoods (Chingussura, Matadouro, Munhava, Ndunda, Vaz, Vila Massane) reaching 10,272 people.

- A Cholera Treatment Center (CTC) opened on 4 April 2019 with 32 beds for cholera case management. CTC changed to Cholera Treatment Units (CTU) on 21 April 2019 with 10 beds. These units were closed on 1 June 2019 after no more case was reported at the end of the last patient treatment.
- First aid activities were rolled out in all the targeted districts through volunteer capacity building and the provision of kits. The trainings were done in collaboration with Belgium Red Cross which has been continuously supporting CVM.
- 19,512 attended Psychosocial Support Consultations in the emergency phase of the response
- By April 2021, 114,236 people accessed the CHMPs and were also reached through CBS, mostly suffering from watery diarrhea or malaria. In the cases that could not be treated in the CHMPs, patients were referred to health centers or directly to the hospital.



Figure 20: Screening activities at a Community Health Mobilization Point

- A total of 17,500 mosquito nets were distributed in Búzi and Nhamatanda districts throughout the project
- ICRC rehabilitated 15 Health centers in Gondola, Sussundenga, and Macate districts in Manica province and in Beira, Dondo, Búzi, and Nhamatanda districts in Sofala province
- 9,227,221 people were reached through Social Mobilization initiatives including household visits and community presentations

Figure 21: CVM volunteers raise awareness about COVID-19 prevention in the public market



- Support for 11 motorbike driving licenses for CVM staff and volunteers engaged in CBS, to facilitate their

transport in the rural areas during the implementation of their activities

- 10 Community Health Mobilization Points are operational, with one closure in Munhava. In total, 20 CHMPs were planned until the year-end of 2020, but only half of that number was reached with the pilot program beginning in Sofala Province to build on the momentum of Idai. The program is intended to stay beyond the emergency appeal and expand into additional Provinces and communities.



- Four of the CHMPs were equipped with 8 bicycles for the Community Based Epidemiological Surveillance focal points: 8 for Nhamatanda, 8 for Dondo, and 16 for the 2 CHMPs in Beira.
- To promote better communication and flow of information collected from their field activities, the volunteers were provided with cell phone credit, which enabled them to send data and information in real time.
- To support vaccination in Sofala province, IFRC provided support in logistics and volunteers to more than eighteen mobile brigades in the resettlement sites in Búzi and Dondo districts. 2,125 patients were attended to, mainly on vaccination, maternal and infant health care, malaria tests, and HIV tests.
- With the start of the rainy season in November 2020, more than 3,000 Chlorine bottles were distributed to families in the provinces of Sofala (Búzi, Beira, Dondo, Nhamatanda, and Caia) and Manica (Chimoio and Sussundenga) to prevent AWD cases.
- By 31 March 2020 there were 1,384 cholera cases spread across 11 districts of Nampula province. The IFRC reinforced the presence in Nampula and supported CVM and local authorities in assessing, referring, and preventing the community spread of the outbreak. An information bulletin on the cholera response in Nampula can be found [here](#).
 - A health team was deployed to Nampula province to train 100 volunteers in ORT, and these volunteers executed ORT activities such as hygiene promotion, ORT provision, referrals, purification of wells, distribution of chlorine and ORS, reaching out to 3,482 households (18,630 persons) and distributed 547 bottles of hypochlorite solution.
- Over 8,000 people were reached with community health mobilization activities by 20 CVM volunteers trained in community-based health and first aid (CBHFA), which started on the first day following the floods. Such activities included:
 - 2,456 households, (12,280 people), were reached through household visits on prevention, symptoms, and treatment of malaria and acute watery diarrhea (AWD). Household visits took place in the following accommodation centers: EPC 25 de Setembro, Tribuna, Igreja Católica, Muchenessa, EP2 do Búzi, EPC 3 de Fevereiro, Mesquita, Obra do INSS, Ring I, Ring II, Companhia do Búzi and Guarra Guarra. Household visits also took place in the neighborhoods of Macurungo, Bairro 2000, Chequezana, and Massane.

- Community presentations and discussions were held on the prevention of malaria and AWD and in total 2,172 people participated; the majority was reached as well through household visits.



*Figure 23:
COVID-19
awareness
campaign
with a group
presentation*

- A total of 1,680,433 beneficiaries (including beneficiaries supported by COVID-19 pledges) were reached through 266 handwashing stations. 558,897 vehicles were disinfected at 208 points across the provinces.
- Trainings on COVID-19 were provided to 61 community leaders and 290 volunteers.
- In response to COVID-19, volunteers in the provinces of Nampula, Sofala, Zambezia, Tete, and Manica performed Risk Communication and Community Engagement activities (RCCE) using megaphones and sound systems on cars. Eight cars with sound systems circulated through the provinces of the central region to disseminate RCCE. Markets and hospitals were disinfected.
- 681 people were reached with effective Psycho-social support across 7 safe spaces in the province of Sofala.
 - PSS services were also provided to Prison, Social Communication, Municipality, Health, and Police staff, mainly in Maputo, Gaza, and Sofala provinces
- In response to the Búzi Floods, a group of 20 volunteers worked providing psychosocial support to the population evacuated to 4 accommodation centres: Ring 1, Muchanessa, Companhia de Búzi, and Centro Transitório 3 Fevereiro with Psychological first aid, awareness sessions about Child Protection as well as PSS to volunteers.
 - During the Búzi operation 264 people were reached with information about stress management, positive actions to cope with stress, and understanding signs of stress in children and how to help to cope with it to them.
 - 1,282 children were reached with recreational activities with the aim of identifying protection issues and reducing the stress suffered after the crisis of the Búzi floods in 2020
- Psychological first aid has been provided by the trained CVM volunteers to the population affected by the Búzi floods

Challenges

1. An important aspect of this program is capacity building of the national society and assuring the long-term sustainability of the health community activities. There is currently a risk of the CVM health sector scaling down or returning to a situation of inefficiency if no financial continuous support is provided.
2. Data collection remained a struggle throughout the operation. During the ORP operation in 2019, data was intended to be sent daily by SMS, although there were delays from poor connections or volunteers not

having phone credit which caused delays in reporting the data. Later in the operation, the Kobo system was used for offline data collection with the goal of uploading to a single database, however the same issues of phone service and credit affected the data flow.

3. The distance between CVM branches and headquarters presented an administration challenge for communication and resource flows. Workers and volunteers in rural districts seem to have less connection to headquarters. This also affected data collection.
4. Due to COVID-19, all trainings from 2020 to mid-2021 adapted a maximum of 10 participants in a school or open-air space, in accordance with government mitigation measures. Handwashing was done before starting any activity and a 1.5 meters distance between each participant had to be maintained. This affected the total number of volunteers and participants that could be reached through trainings, as well as their efficiency.
5. The academic level of the volunteers could be higher for the contents of the training actions. There was a challenge in attracting volunteers with higher levels of education. The criterion of the National Society in the volunteer's selection for ORP excluded those people with technical or higher academic education since, in their opinion, these people do not continue as volunteers for more than 1 or 2 months. Therefore, all participants of the trainings have a level of primary education or first courses of secondary school. This made it very difficult to acquire knowledge and skills and for them the performance of normal activities in an ORP. Additionally, the volunteers worked in two shifts a day of 4-6 volunteers, so a high level of volunteer management was necessary.
6. The health technicians and volunteers had to divide their time between COVID-19 prevention activities and sensibilization on diseases such as Malaria, Acute Watery Diarrhea (AWD), HIV, TB, and Measles as they made a resurgence because of the pandemic and people's fears to travel to health centers. This was a large level of content and activities for the number of staff. The volunteer restriction to four-hour work weeks made it difficult to cover all the areas in need. IFRC and CVM adopted the practice of household visits within the community to help raise awareness and for CBS activities, bringing services to the most vulnerable persons.


Lessons learned

IFRC should support CVM to understand opportunities for developing more technical programmes in health, for example, linked to vaccinations, primary care, or provision of water sanitation in hospitals. IFRC should support CVM to decide if more capacity is desired for first response, first aid, or transport of patients and explore partnerships in this area

Evaluation findings

1. The Programs improved vulnerable people's health and dignity through increased access to appropriate health services and psychosocial services. The beneficiaries were provided with access to different health services and health promotion activities, including people reached for COVID-19 prevention.
2. The scope of the program in terms of services is significant. All targets initially identified in the resettlement centers received emergency assistance. This was the most comprehensive program, having reached all the provinces affected by the cyclones (Cabo Delgado, Nampula, Zambezia, Tete, Sofala, and Manica), where its intervention covered a total of 15 districts.
3. The process of helping the affected people had a very important contribution from the neighborhood leaders who facilitated the process of tracking down the most affected and needy people.
4. One of the aspects that stands out was the structure installed at the community level, which made it possible to detect and respond to an infectious disease outbreak in a timely manner, as well as to develop the capacity to assess and provide relevant health care support to communities and vulnerable persons.
5. The programs provided maternal and Infant Health care sessions.
6. The human, financial and material resources invested in the activities were sufficient to meet the needs of the beneficiaries initially identified, but some administrative and logistical obstacles interfered with the initial planning.

7. Volunteers were the main players in support operations for communities affected by cyclones. Volunteers were equipped and the volunteer mobile health brigades supported social mobilization and risk communication.

 Water, Sanitation and Hygiene		Female > 18: 211,920	Female < 18:
		Male > 18: 195,619	Male < 18:
Objective:	<i>Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions</i>		
Key indicators:	Indicator	Actual	Target
	Outcome 1: Immediate and sustainable reduction in risk of waterborne and water-related diseases in targeted communities		
	100% of (350,000) population with access to safe water	72%	100%
	50% of (350,000) people with adequate sanitation facilities	81%	50%
	Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
	# of site and community assessments covering 30 communities done (# of assessments)	54	30
	# of CVM volunteers trained	207	200
	Output 1.2: Access to safe water through community-managed water sources is provided to the target population with the support of CVM		
	# of population with access to safe water	74,673	104,800
	# of water distribution points are provided	118 ²³	161
	Output 1.3: Access to safe water through community-managed water sources is provided to the target population with support of CVM		
	# of people provided with excreta disposal facilities	20,607	25,570
	Output 1.4: Hygiene promotion activities are provided by Mozambique Red Cross (CVM) to target population		
	# of population reached with Hygiene Promotion activities	541,047	250,000
	% of (250,000) engage in improved safe hygiene	101%	50%
# of CVM volunteers involved in Hygiene Promotion activities	275	200	

²³ Note, Ops update #8 listed 124

Output 1.5: Hygiene-related goods (NFIs) are provided to the target population along with training on how to use them

# of HH provided with essential hygiene items	12,569	12,568
# of women provided with menstrual hygiene kits	9,776	5,845

During the Emergency phase, WASH activities were mainly focused across accommodation centers and resettlement sites (with the support of Emergency Response Units- ERUs), ensuring adequate use of safe water and proper hygiene and sanitation. WASH activities focused on providing safe water by distributing water and setting up water treatment units, rehabilitating wells/handpumps, and training WASH communities. To improve sanitation, there was a latrine campaign for Community Led Total Sanitation, CLTS, with additional assistance to support the latrine construction of vulnerable persons such as the elderly and people with special needs.

The WASH strategy for response included the deployment of three Emergency Response Units:

- 1) M15 ERU (Spanish RC) – To support the water supply as well as sanitation and hygiene promotion in Mutua, Dondo, Ndunda 2, and Beira, 4 rotations
- 2) MSM20ERU (British RC) - To support hard sanitation interventions and hygiene promotion in Mutua, Dondo and Samora Machel, and San Pedro camps in Beira, 4 rotations
- 3) MSM20 ERU (Swedish RC) - Originally deployed in response to the cholera outbreak also worked on sanitation and hygiene in Ngupa, Subida, and Terra Prometida, in Beira District, 3 rotations

The WASH teams also supported the Cholera response by stepping up Hygiene Promotion activities near the ORP centers. During the emergency phase, the IFRC and CVM program reached 100% of the target population with enough safe water in selected communities in Beira (Ngupa, Subida, and Terra Prometida) and Mutua. Three water treatment units were installed in Sao Pedro, Samora Machel, and Inhamizua accommodation centers.

Hygiene Promotion activities were already included as part of the WASH response, but they scaled up drastically in response to COVID-19 in 2020. Handwashing points were established, and WASH activities were provided in coordination with the health team for prevention and spreading awareness through the CVM volunteer network.

In the recovery phase, the rehabilitation of water pumps and latrines, including school latrines, was prioritized, including large-scale installations of water and sanitation sites within 4 communities in Tete and Mutua in Sofala. Note that this portion of the project faced many delays due to COVID-19, transitions, and challenges with the contractors providing the installation services. As such the remaining work after December 2021 was transferred to the Operational Plan to ensure completion. At the time of writing, this is scheduled to complete at the end of February 2022.

Outcome 1: Immediate and sustainable reduction in risk of waterborne and water-related diseases in targeted communities

- During the emergency phase, WASH teams provided 2,708,117 liters of clean water through the installation of water points in accommodation centers and resettlement sites in Beira as well as treatment systems with chlorination (water purifier tablets, and powder) and water analysis (pH, conductivity, and *E. coli*) in 3 accommodation centers (Sao Pedro, Samora Machel, and Inhamizua). The training was followed by the delivery of a maintenance kit.
- During the emergency phase, sanitation assistance (latrine construction, maintenance, cleaning, and desludging) was provided to 6,993 people targeted in Beira city (primarily residing within the temporary accommodation centers).
- In the emergency phase, a total of 30,275 people were reached by volunteers with hygiene promotion activities, and 25,695 were provided with a set of essential hygiene items (hygiene kits) in Sofala. Of

these, 25,695 people were in accommodation centers and 4,580 (911 households) were in the local communities of Subida, Ngupa, and Mutua.

- A total of 16,961 jerrycans and 15,717 buckets for safe water storage were distributed during the emergency period. These relief items were distributed in Cabo Delgado, Manica, Sofala, and Zambezia Provinces targeting 12,568 households.
- During the emergency phase, the IFRC and CVM program reached 100% of the target population with enough safe water in selected communities in Beira (Ngupa, Subida, and Terra Prometida) and Mutua. Three water treatment units were installed in the Sao Pedro, Samora Machel, and Inhamizua camps.
- In partnership with the protection, gender, and inclusion (PGI) sector, 35 volunteers were trained to provide Menstrual Hygiene Management sessions in Mutua reaching 674 women and girls, through household sessions about menstrual hygiene, personal hygiene and updating information on the use of the items distributed in the dignity kits.
- In coordination with PGI/PSS sector, 43 CVM volunteers were trained in Chinamacondo, Praia Nova, and Nhansassa on Menstrual Hygiene Management (MHM) after dignity kits distribution reaching 9,354 people through the MHM awareness campaign in the three localities with household visits conducted by CVM volunteers
- During the month of August 2020, Menstrual Hygiene Management (MHM) sessions were conducted in Dombe for CVM volunteers, German Red Cross technicians, and Ministry of Health technicians in Dombe, in coordination with the PGI sector, German Red Cross and CVM, to implement MHM awareness and training activities for beneficiaries reached by German RC and CVM program.
- 13,400 people gained improved access to sanitation facilities, through the rehabilitation of household and community latrines, through the owner-driven rehabilitation methodology (Community Led Total Sanitation, CLTS) in all the areas reached through WASH activities
- For the sanitation component, the program contributed to the nationwide “Open-Defecation-free community” (LIFECA for its acronym in Portuguese) program led by the Government of Mozambique, through owner-driven toilet rehabilitation and construction, with RC support, and considering protection, gender, and inclusion factors.
- 42 vulnerable families were supported with latrine rehabilitation in Ngupa and Subida (Beira district)
- Prior to an intervention in the community, IFRC and CVM WASH team conducted a diagnostic of the water and sanitation situation and a feasibility study, enquiring from local authorities, community leaders, and its members to attest to the WASH needs but specifically to understand the level of commitment expected in each of the WASH components. 92 communities (in Dondo district) were thoroughly assessed.
 - As of 31 August 2020, the WASH team completed the rehabilitation of 99 water points, providing safe water to 61,268 people. A total of 98 out of a total of 99 rehabilitated handpumps had a functional water committee in Sofala Province.



Figure 24: Rehabilitated water pump already put to good use in Sofala

- Water committees in Sofala were equipped with materials to perform the necessary maintenance works including spare parts, a logbook, a savings box for storing money earned, and a cleaning kit (rake, shovel, brush, machete, buckets, hoe, broom, chain, and lock). The water committees received training on their role, practical sessions on basic maintenance such as small repairs, Hygiene Promotion, and associated environmental recommendations.
- Before the COVID-19 pandemic, 57,260 people were reached with hygiene promotion activities, including children in schools, provided by 283 CVM volunteers trained in hygiene promotion and WASH technicians. The hygiene sessions focus on handwashing awareness and good practices, tippy-tap construction (simple handwashing facility), water treatment, and homemade water filtering. These activities were then expanded to reach a total of 541,057 people by the end of the project.
- 95% of households reported improved hygiene practices in Nguba and Subida, Sofala Province
- In coordination with PGI, CEA, and CVM, the WASH program promotes gender equality by promoting the inclusion of women in the water committees.
- 25,000 people received hygiene kits throughout Sofala Province
- The Wash team engaged in latrine design for People with Special Needs in coordination with the PGI Team and built a total of 46 latrines for vulnerable persons, with 20 latrines in Mutua for persons with special needs for their latrines, such as due to a physical disability.
- The Idai structure supported the response to the 2020 cholera outbreak in Nampula. The main activities implemented by the WASH sector in coordination with CVM in response to the cholera epidemic in Nampula during the months of February and March 2020 are as follows:
 - Support to government and partners in the provision of material and transport
 - 152 wells treated with chlorine
 - 2,691 bottles of chlorine distributed to households
 - Hygiene promotion activities were carried out by CVM volunteers.
 - 8 bottles of chlorine bleach solution were donated to the Ministry of Health
 - Almost 4,000 bottles of chlorine were donated to CVM
 - Over 1,500 ORS sachets were provided to CVM

- 483,787 people were reached with hygiene promotion related to the pandemic nationwide through household hygiene promotion sessions on handwashing and COVID-19 prevention with the use of IEC materials, encouraging people to wash their hands with soap and spreading messages about proper handwashing techniques
- 25 public handwashing points were installed in strategic places of the communities with specific hygiene promotion and behavior change campaigns conducted by CVM volunteers (properly trained on COVID-19 and RCCE), encouraging handwashing, and spreading messages about prevention measures (also with the use of megaphones), proper handwash techniques, use of the mask and physical distance to prevent the virus contamination and tippy-tap construction using local materials

Challenges

1. There were challenges with the external contractors and borehole drilling in Tete. A few of the boreholes were drilled unsuccessfully (did not manage to reach the water table) and had to be redone. This created delays and increased costs. In the end, their contract had to be ended with some of the planned work unfinished.
2. The project suffered from a lack of strong and stable technical line management in critical phases of the WASH project implementation, whilst the plan was to implement hardware projects in some difficult terrains such as Tete. This created issues in managing well, some poorly implemented works. For future operations, it will be necessary to have a strong technical direction for a team that is required to produce documents such as designs, bills of quantities, and terms of reference of contractors, or for a team who must monitor hardware interventions in difficult terrains in Mozambique.
3. This is another area where IFRC implemented directly, which was not a preferred option for the implementation. CVM does have good technical capacity for shelter and WASH, especially after working together on this project; therefore, future projects should look to support CVM in implementation instead.
4. Hygiene Promotion activities in the community and schools were suspended to avoid gatherings above 10 people as instructed by the government of Mozambique during the COVID-19 state of emergency. Household sessions on handwashing and COVID-19 prevention increased, with the use of IEC materials, encouraging people to wash their hands with soap and spreading messages about proper handwashing techniques.
5. Both the WASH and Health sectors implemented Hygiene Promotion activities as part of their response and it was not well defined what the different roles were in different areas, which led to some inconsistencies in the messaging between the two teams. In the future, there should be increased coordination or one sector should be assigned this role to ensure there is a clear message to participants.
6. The CEA component of this sector was a challenge. There needed to be a more active role of CVM in speaking with communities and public bodies, such as the government stakeholders involved in approving the various levels of the WASH hardware installation. A stable relationship with communities and local leadership will also assist in the exit strategy for the project.

Lessons Learned

1. There was good uptake to the Hygiene Promotion activities and community-led latrine rehabilitation. After completing their latrine rehabilitation, an assessment was done to verify if the sanitation and hygiene behavior and practices have changed. During the reporting period, 95% of households reported improved hygiene practices. This is clearly an effective component of the project and can be expanded to other regions in the future.
2. The practice of open defecation was a very common practice in the targeted communities. The WASH team coordinated with CVM local branches and government authorities to promote household participation in latrine rehabilitation activities. This community-led approach has been successful not only as a mitigation measure but also in changing hygiene behavior and promoting open-defecation-free communities. Most of the families in the affected areas are still very vulnerable, with their livelihoods destroyed. This is a challenge because if the families have not yet created resilience in terms of livelihoods, they will not prioritize the construction of latrines or the practice of hygiene measures. Some households were reported to have sold

the distributed latrine and hygiene materials to buy food. To mitigate this practice, the operation has taken a holistic approach in which sectors coordinate in support of the same communities. The Livelihoods sector has been supporting food distribution, and income-generating activities to avoid the selling of distributed materials for food. This multi-sectoral support enables communities to achieve their goals of open-defecation-free communities and will be important to include in future projects.

3. The distribution of dignity kits by the WASH, PGI, and CEA teams in the target communities is a stepping-stone towards protecting young girls against child marriage and early pregnancy. Focus Group Discussions held in the target communities of the Dondo district, revealed that many adolescent girls were being given out for marriage to older men because their parents could not afford to provide them with menstrual hygiene materials (panties, soap, sanitary pads, etc). MHM sessions have also been a means of creating awareness-raising against such practices and discouraging Child Marriage which is a serious crime in Mozambique. The Selection criterion was originally established for girls at risk from 9 to 18 years old but was revised to include all women from 8 years old onwards due to the COVID-19 pandemic and the urgent need for hygiene products.
4. In the future, IFRC will support CVM to identify WASH partners and initiate additional projects in this theme. At the time of writing, an urban fecal sludge management project is being discussed as a future intervention. For example, an organization from Zimbabwe currently has a similar project to the Idai implementation in Tete in the Zambezi River and there would be an opportunity for peer-to-peer learning and support.

Evaluation Findings

1. The program established a protocol where rules are defined on how to manage other community members in relation to hand pumps, including aspects related to the expected rate charged, which contributes to the maintenance and operation of the hand pump. The strategy for the rehabilitation of manual water pumps assumes collaboration between the local CVM and the district government agency for Public Works, SDPI.
2. One of the main factors that contributed to the efficient operation of the program was the creation of committees responsible for handpump maintenance that is involved in the rehabilitation process to gain more practice so that, as necessary, they can intervene and support their communities. These committees have proved to be efficient in the management of community water pumps. The interviews carried out found that they are organized respecting a structure composed of administrative bodies aware of their responsibilities. It is suggested to formalize the statutes, which include the periodicity of the water pump management process, to avoid their monopolization by some members of the community.
3. The program provided access to safe water for communities and created conditions for safe water access through community-managed water sources (water committees). This strategy guaranteed a more sustainable exit strategy.
4. The action of the program was felt in rural and urban areas. In urban areas, it was characterized by routine monitoring based on the contingency plans developed for disease outbreaks, among other prevention activities. In rural areas, in addition to the various sessions of prevention and treatment, the programs solved one of the main problems, which was the lack of latrines and hygiene access, providing excreta disposal facilities and creating conditions for the construction of toilets at most homes, and giving lectures on how to use them. The human, financial and material resources invested in the activities were sufficient to meet the needs of beneficiaries initially identified
5. The program developed training for the volunteers which made them the main agents for spreading good sanitation and hygiene habits. To make the activities more comprehensive, home visits, community sessions, school sessions, and megaphones were implemented. The volunteer trainings were held according to the activities that were planned in each location. In coordination with IFRC staff, CVM local branches were responsible to select these volunteers.
6. The scope of the program in terms of services is significant. All targets initially identified in the resettlement centers received emergency assistance from the programs.



Protection, Gender, and Inclusion

Female > 18:
66,310

Female < 18:

Male > 18:
61,210

Male < 18:

Objective:

Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicator	Actual	Target
Outcome 1: Communities have identified the needs of the most vulnerable and particularly disadvantaged & marginalized groups due to inequality, discrimination, or exclusion		
# of people in need receiving PGI support services	127,067	120,000
# of CVM staff and volunteers trained and mobilized	1,712	1,200
Output 1.1: CVM programmes ensure safe and equitable access to basic services, considering different needs based on		
# of people reached with awareness raising on gender equity on diversity and inclusion	32,748	30,000
# of people reached through MHM session	32,495	30,000
# of people trained and mobilized on PGI topics	1,763	1,200
% of people identified in need are referred to specialized services	100% (96 people identified and referred)	50%
Output 1.2: Emergency & recovery response operations prevent and respond to SGBV and all forms of violence against children Promoting safer communities		
# of people access SGBV & Child Protection behavioural change awareness sessions	70,137	30,000
% of targeted adolescent girls who join life-skills support groups	100% (681)	30%
# of CVM volunteers and staff trained on PSEA and Child Protection	1,472 volunteers & 239 staff	800 volunteers & 60 staff
# of PSEA and Child Protection Policies developed	3	2
Output 1.3: Mozambique Red Cross CVM) educational and advocacy programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills		
# of people are reached through IEC campaigns & Trainings	18,531	30,000
# of CVM stakeholders sensitized and involved in CNVP issues	4	4

Protection, Gender, and Inclusion (PGI) activities started to upscale during the recovery phase, with a focus on National Society capacity building, stakeholder sensitization, awareness raising, case management, and referrals

and improving the capacities of communities to detect and respond to Sexual and Gender-based Violence (SGBV) and child protection cases.

When the COVID-19 pandemic impacted Mozambique in 2020, mass awareness activities and collective trainings were postponed. Essential trainings with volunteers took place with a reduced number of people in a safe environment. Protection trainings on Prevention of Sexual Exploitation and Abuse (PSEA), Gender-based Violence (GBV), and Child Protection added content related to COVID-19, and field visits were drastically reduced to lower the risk of contamination of staff and volunteers. The Child Protection and SGBV program, together with Psychosocial Support (PSS) were adapted to the new context and challenges that COVID-19 faces in communities reinforcing the PSEA messages. The PGI team adopted a door-to-door approach for community sensitizations on GBV, Child Protection (Premature Marriages and school dropouts), and PSEA.

Outcome 1: Communities have identified the needs of the most vulnerable and particularly disadvantaged & marginalized groups due to inequality, discrimination, or exclusion

- 68,420 people were involved in the SGBV prevention and Child Protection programs in the communities with a focus on preventing and responding to child marriage.
- PGI services were expanded to diminish protection risks associated with the COVID-19 pandemic
- PSS training was provided to CVM staff and frontline volunteers, and actions were scaled up to tackle the distress provoked during times of confinement



Figure 25: Women and children gather in a Safe Space

- A total of 8,516 Dignity Kits were distributed and 23,543 people were reached with Menstrual Hygiene Management (MHM) sessions in coordination with the WASH team.
 - Sofala Province: 7,585 Dignity Kits distributed reaching 19,728 people
 - Mutua, Dondo District: 6,000 Dignity Kits
 - Chinamacondo, Dondo District: 1,164 Dignity Kits
 - Beira City: 421 Dignity Kits
 - Manica Province: 931 Dignity Kits distributed benefiting 3,815 people
 - Macate: 362 Dignity Kits
 - Mossurize: 569 Dignity Kits

Table 5: Dignity kit composition

Item	Quantity
Pairs of underwear	9 (3 for 3 different sizes)
Toothbrush	3
Toothpaste	3
Vaseline	1 jar
10 L bucket with lid	1
Pitcher	1
Rope	1
Capulana (1m African cotton cloth)	1
Pack of clothespins	1
Comb	1
125g bars of soap	4

The Menstrual Hygiene Management sessions not only focused on women and girls but also men and boys. The sessions were conducted by trained CVM volunteers who went door to door in pairs, sensitizing both men and women in the household. This was due to the lack of pre-identified knowledge on sexual and reproductive health in most households, and the taboo that this subject still raises within families.



Figure 26: Dignity Kit distribution in Chinamacondo, Dondo District

- 32,748 people were supported with awareness sessions in four districts in Sofala with different topics related to stress management, child protection, and basic case management
- 1,459 CVM volunteers were trained in PSEA and Child Protection. The PGI team has also provided PSEA Gender and GBV trainings to staff across sectors including drivers, national staff, CEA, WASH, and PSS sectors, reaching 156 CVM staff members
- 681 adolescents and children were reached by the Community Program for the Mitigation and Prevention of Premature Marriages and School Dropouts designated Life Skills, held in the established Safe Spaces
- Household visit awareness sessions were regularly conducted to promote sharing the burden of household and child-bearing activities, although with limited uptake due to long-rooted traditional practices

- Sensitizing the communities to protect young girls from forced marriages and training community protection committees
- Training for community committees (made up of community leaders, influential people in the community, matrons, counsellors, etc.) to mitigate and prevent violence
- Training for public institutions, namely the Police, the Provincial Directorates for Gender, Children and Social Action, and Mental Health, the Prosecutor's Office, and others, to facilitate an integrated approach to cases referred or referred by the communities to these institutions at the community level
- 18,531 people were reached through verbal IEC campaigns about PSEA, GBV, and Child Protection
- Social Media Campaign: The following two videos about Gender-based Violence Prevention and Child Marriage Prevention were part of Information Education Communication (IEC) awareness-raising activities for PGI.
 - <https://youtu.be/XGzNM9Pc2Ks> Calene and Lucio: Gender-based Violence and Premature Marriage, premiered on Mangles TV, a Mozambican YouTube channel produced in Beira, Mozambique on 6 January 2021 and as of January 2022 has 10,956 views.
 - <https://fb.watch/5pZU4xAu38/> Say No to Premature Marriage, premiered on Calene's Facebook page on 4 January 2021. As of January 2022, the video has 61,000 reactions, 1,200 comments, and 1.3 million views
- Provision of school materials to help keep girls and boys in school
- Support to the National Society (CVM) to develop its own set of policies and standards to comply with IFRC standards on Child Protection and PSEA. A task force was created to draft the policies and follow them with an intense training calendar for CVM staff at the central and provincial levels. The policies were then approved by their General Assembly and adopted into practice for all staff, with regular refreshment trainings.
- Mobilization of 930 volunteers with sensitizations sessions in schools/resettlement centers about Stress Management and Psychological First Aid after Tropical Storm Chalane

Challenges

1. Focus Group Discussions revealed that many adolescent girls were being given out for marriage to older men because the parents could not afford to provide them with menstrual hygiene materials (panties, soap, sanitary pads, etc.). In response, the PGI team planned the distribution of dignity kits to reduce child marriage and early pregnancy.
2. The PGI approach was not contextualized and adapted to the local reality of Mozambique. This includes respecting local values, habits, and beliefs²⁴
3. Originally, the dignity kits were planned to include sanitary pads, however, women and girls in the communities expressed concern over pad disposal, as it would be a potential source for someone to obtain their blood for rituals and/or witchcraft. In response, capulanas—traditional cotton cloth—were added to the distribution. While used for clothing, they were not used for menstruation as intended because people were concerned it was unsanitary. There is the potential for more research into context-appropriate distributions in the future, as well as for raising awareness through more Menstrual Hygiene Management sessions.

Lessons learned

1. It was important to include men in the Menstrual Hygiene Management sessions to sensitize them to the matter, such as emphasizing that this natural process does not make someone dirty or unclean, as part of larger gender awareness campaigns.
2. One of the lessons that IFRC, and most of the world, has learned through the pandemic is the expansion into digital meeting spaces. There is great potential to reach many beneficiaries at a low cost by raising awareness


²⁴ Note that this feedback will be considered, while also ensuring the core messages and beliefs of the organization are maintained, and pushing for gender equity and fair treatment of all people

through digital media, as seen by the views on the GBV and child marriage prevention videos produced in January 2021²⁵.

3. It is important to do the creation of water committees in collaboration with the CEA team, including everyone regardless of gender. Also including everyone in the different stages of water pump rehabilitation reinforces community ownership and equal responsibility among men and women for the resource.

Evaluation findings

1. The programs ensured protection for cyclone victims, especially for the most vulnerable groups, pregnant women, people with special needs, children, and the elderly.
2. Communities have identified the needs of the most vulnerable and particularly disadvantaged and marginalized groups due to inequality, discrimination, or exclusion.
3. The programs ensure safe and equitable access to basic services, considering different needs based on how to use them.
4. The programs provided access to Child Protection behavioral change awareness sessions and skill for life sessions.
5. The action of the programs in the affected areas created a relevant service structure, entitled dignity kit, for menstrual hygiene and menstrual hygiene wellness.

	Risk Reduction, climate adaptation, and Recovery	Female > 18: 50,200	Female < 18:
		Male > 18: 40,810	Male < 18:
Objective:			
Key indicators:	Indicator	Actual	Target
	Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster		
	# of people reached through DRR & CCA projects	3,934	80,500
	Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective responses to disasters		
	# of CVM community volunteers trained in disaster response, preparedness	1,370	200
	Outcome 2: Communities in disaster-affected areas adopt climate risk-informed and environmentally responsible values and practices		
	% of recovery programmes incorporate DRR & CCA approach	100%	100%
	Output 2.1: Contributions to climate change mitigation are made by implementing green solutions		
% of programs adopt climate change mitigation measures	75%	100%	

²⁵ Note that in rural contexts, internet access may be a challenge and other approaches can be adapted.

# of communities engage in environmental mitigation projects	7	10 ²⁶
Output 2.2: Community awareness raising programs on climate change risks and environmentally responsible practices are conducted in target areas		
# of RC/RC climate smart initiatives coordinated and fostered	4	3

Disaster Risk Reduction activities were integrated into the response after the results of the environmental assessment in 2019, although they had a delayed start due to the contracting of qualified technical personnel. The strategy was two-fold. Firstly, climate-smart initiatives and awareness sessions were added into existing programs in other sectors such as tree planting under FSL. Secondly, community disaster response committees were formed including in Machanga and Nhamatanda. Each committee formed their own emergency action plans, participated in trainings such as first aid, and received kits, aligned to INGD standards, to take early actions in the event of an emergency and increase their resilience. As part of this process, 10 search and rescue boats were provided to CVM in flood-risk provinces following a 50-hour Search and Rescue training for volunteers in partnership with UNAPROC, the National Unit for Civil Protection, a branch of INGD.

Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster

- 1,370 CVM volunteers were trained on various DRR topics including community-based disaster preparedness and response, supporting the formation and capacity building of local DRR committees in communities, early warning, and search and rescue for flood events.



Figure 27: DM Volunteer and Staff training in Búzi – Sofala Province

The PERC assessment, conducted in partnership between the IFRC and the Zurich Flood Resilience Alliance (ZFRA), aimed at developing a model for delivering effective community flood resilience programs at scale and contributing to shaping the flood resilience agenda of policymakers and donors. The overall vision is for floods not to have a negative impact on people’s and business’s ability to thrive. Fieldwork took place in Mozambique between 6-19 January, led by four experts, and supported by the Swiss Development Cooperation and CVM in-country. Experts conducted over 100 interviews, and the review of over 100 secondary sources to highlight key opportunities for building resilience including strengthening early warning systems and climate services coupled with capacity building and resourcing for early action, supporting the construction of

²⁶ Note Operations Update #8 listed a target of 45 and reached 57, however the actual target is 10 with 7 reached.

resistant homes, connecting water, sanitation, and hygiene (WASH) and DRR efforts, and through supporting the diversification of farming practices and crops. Experts conducted over 100 interviews, and the review of over 100 Secondary sources to highlight key opportunities for building resilience including strengthening early warning action, supporting the construction of resistant homes, connecting water, sanitation, and hygiene (WASH) and DRR efforts, and supporting the diversification of farming practices and crops.

- 3 Climate-smart initiatives were launched, aligning with the priorities identified in the PERC assessment. First, a reforestation campaign was launched by the FSL team, accompanied by tree distribution. The Shelter team adapted the designs of the transitional houses to be more sustainable and durable so that the impact of harvesting materials for building and repairs was minimized. Finally, the Health team and CVM volunteers led clean-up initiatives in communities with a focus on public spaces such as markets to reduce the amount of litter.
 - A total of 2,564 saplings were distributed in Chinamacondo, Sofala Province, with 668 cashew trees, 1,228 orange and tangerine trees, and 668 Kapok trees (Samauma) to replace forests.
 - Other climate-smart initiatives did not track the number of people who benefited

The following activities were started during the Idai Operation and finished under the 2021 Operational Plan

- As part of preparedness activities for the 2021/22 rain and cyclone season, the items from the Beira warehouse were distributed to 9 Provinces. The total value of these stock items is more than \$300,000 CHF
- Emergency preparedness workshops were held in Machanga and Nhamatanda together with government stakeholders to help communities form disaster risk management committees and form local emergency action plans
- The Disaster Management Working Group (DMWG) was created and led by CVM, supported by IFRC, with the participation of all the Movement Partners. This group held 2 meetings.
- A total of 10 search and rescue boats were purchased for distribution in the 5 CVM branches that participated in Search and Rescue training in July 2021. The boats, visibility items, and boat accessories were provided to areas that are prone to flood emergencies to expand the capacity of CVM's emergency response. Boats and the accessories needed for their safe operation were handed over to CVM in Sofala, Gaza, Manica, Zambezia and Tete Provinces.



Figure 28: Search and Rescue training in Búzi, including practical boat skills

Challenges

1. Sustainable DRR interventions require a wide institutional involvement, as well as community ownership and behavioral change. Due to different compounding aspects, such as the overwhelming scale of the disaster and the lack of institutional capacity to respond to the demand, as well as the national election period in the second half of 2019, local institutions did not engage to the level required to create and sustain a DRM and DRR framework in the emergency and early recover phases of the project.
2. Current funding trends tend to favor programs that focus largely on short-term response versus programs that focus on the longer term, despite the need for increased preventative and resilience-building actions instead of post-emergency actions. For example, the Mozambique Humanitarian Response Plan identified a far greater need and raised far more money for the logistics and WASH sectors than for early recovery and resilience. Funding needs for logistics and WASH were identified as US\$15.3 million and US\$34 million respectively, and slightly over 50% of that money was raised in the first year. In contrast, not only have resilience and early recovery needs been assessed at only US\$8.3 million, a mere 4.3% of that total was raised in the same period.
3. IFRC took the lead in the procurement of large items including the search and rescue boats. As large, expensive items there were various delays throughout their procurement.
4. The warehouses in Beira and Búzi had to be closed after the Idai Operation. Despite the desire to strengthen them while in operation, a sufficient financial partnership was not formed to cover their cost. Improvements to these warehouses and CVM branch offices will be included in future project proposals and operational plans to enhance their emergency capacity through pre-positioning in key areas.
5. The ongoing coordination with the CVM national DM coordinator can help to build up the capacity of the branches. As one of the main areas of focus for CVM, IFRC will continue to promote its growth in this sector

Lessons Learned

1. The rollout of the PER approach supported CVM to be in the driving seat in assessing, prioritizing, and taking action to improve its response and to ultimately have a well-prepared National Society and branches with strong national response themes, staff, and volunteers who are first responders to disaster and crisis. There have been delays and challenges in this implementation, but overall, the NS is better prepared to respond to a future disaster than they were to respond to Idai, and affected communities have emergency response plans, disaster risk reduction committees, and improved resilience such as diversified livelihood sources and shelters with improved durability.
2. IFRC helped CVM to establish stronger funding opportunities within RCRC Movement as well as with established IFRC multi-national partners. IFRC will continue to support CVM to map these in-country and multi-national opportunities and understand the strengths and weaknesses of each one.
3. Due to the location in Mozambique, IFRC now has a better understanding of the risks in Mozambique and can support CVM in monitoring trends in increased detail for improved early action protocols and predictions.

Evaluation findings

1. The Program received recognition from various governmental (INGD, INAM) and non-governmental institutions, within the scope of the assistance provided to victims of natural disasters.
2. The action of the program created the capacity to respond to future disasters through trained volunteers in matters of preparedness and natural disaster response. The program created and trained equipped Disaster Risk Reduction (DRR) committees to enhance the preparedness and response capacities of communities. This reaction capacity is institutionalized by local risk management committees, led by community members who have had access to training provided by specialists. DRR represents one of the programs that has been immensely successful in its integrated, transversal approach
3. The program implemented Early Action Protocol activities to mitigate the impact of the disaster, including the prepositioning of emergency response kits, the search and rescue on boats, and/or the provision of first aid to those who were injured when the cyclone struck.

4. The program allowed the acquisition of permanent resources in the community, for example, the acquisition of boats allocated to local communities. The boats will serve for the rescue or transport of people in the communities.
5. There were community awareness-raising programs on climate change risks and environmentally responsible practices. The program has taught communities about their resilience to climate change, through the investigation of appropriate options for rainwater harvesting at the community and household levels, cleaning campaigns, promoting community solid waste management, and environmental messaging.
6. Volunteers were also the entry point for community engagement and participation, ensuring the voices of their communities were heard and taken into consideration for programmatic decision-making.
7. Some climate-related activities had a slight delay in their implementation because they did not receive sufficient attention in the first months. This was partly because an Environmental Management Plan was produced late, however, after the arrival of specialists, communities were able to learn and adopt climate environmentally responsible values and practices.
8. Given the nature of the activities, the program needed to hire specialists in climate matters, but the lack of local experts forced the hiring of specialists from other countries, which also contributed to the delay in carrying out some of the activities. The program contacted experts suited to the project's needs.
9. The program activities were impacted by the COVID-19 pandemic, as it entails a regular presence in, and work with, the communities. Training, awareness sessions, and drills had to be put on hold to avoid gatherings, unnecessary travel to, and presence within, communities. Over time, activities were also adapted to mitigate COVID-19, respecting social distancing, avoiding large groups, and providing frequent access to hygiene items.
10. The committees were created to cover the districts of Nhamatanda and Machanga, yet the knowledge acquired by the Red Cross may allow its expansion to other regions.

Enabling approaches



National Society Strengthening

Objective:			
Key indicators:	Indicator	Actual	Target
	Outcome S1.1: Mozambique Red Cross (CVM) has the necessary legal, ethical, and financial foundations, systems and structures, competencies, and capacities to plan and perform		
	% of CVM staff acknowledging improvements in its management systems	Not measured	90%
	Output S1.1.4: Mozambique Red Cross (CVM) has effective and motivated volunteers who are protected.		
	# of CVM volunteers adequately trained and insured	5,500 Trained, 2,000 Insured	5,500
	Output S1.1.6: National Society has the necessary corporate infrastructure and systems in place		
	Branches and NHQ have solid financial accounting capability	1	4
	CVM has a clear and feasible plan for clearing debts	Partially	1
	CVM branches assisted with repairs/upgrades/office equipment	1²⁷	4
	CVM embarked on a forward-looking HR strategy & related PoA	40%	1
	Output S1.1.7: NS capacity to support community-based disaster risk reduction, response & preparedness is strengthened		
	The population reached through DRR & CCA projects	3,934	356,398
	# of staff and volunteers trained on DM & DRR	1,370	1,100
	Output S1.2.1 National Society has an up-to-date strategic plan, statute, and governance structure		
	CVM strategic plan approved and developed	0	1
	Output S2.1.3: NS capacity compliance with principles and rules for Humanitarian Assistance is improved		
	# of volunteers receive community engagement & accountability trainings	453	1,100
	% of target population agree their priority being met	Not Measured	85%
	% of target community agree to their feedback being taken by CVM	Not Measured	

²⁷ 1 office space was rehabilitated. All branches benefited from upgrades to office equipment with 115 Open Office licenses, 24 laptops and 36 tablets provided by IFRC.

# of feedback comments collected & feedback reports produced	12 comments by CEA ²⁸ , 1 report/investigation	1,100
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Outcome S1.1: Mozambique Red Cross (CVM) has the necessary legal, ethical, and financial foundations, systems and structures, competencies, and capacities to plan and perform

- CVM’s volunteers, working at the grass-root level are the National Society’s greatest wealth. Programs invest in transferring knowledge and peer-to-peer mentoring along the way. Knowledgeable and engaged volunteers are better prepared for relief action, promoting healthier and safer communities, and engaging in transforming the community environment. The following numbers of CVM volunteers were trained throughout the response:
 - 103 in “Build Back Safer
 - 53 in community engagement and accountability
 - 882 in CBHFA, FA, ECV, Malaria, Malnutrition, Pellagra, and PSS –including for COVID-19 response
 - 592 in PGI and WASH
 - 283 in WASH and Hygiene Promotion activities
 - 118 in Information Management
 - 16 in logistics and warehousing

Output S1.1.6: National Society has the necessary corporate infrastructure and systems in place

- The IFRC assisted the CVM to modernize the work platforms used in the National Society, to ensure better and faster coordination between teams, as well as better controls and outreach to branches and volunteers. Laptops were provided to 24 Health staff, and 11 provincial delegations for data management. A total of 36 tablets were additionally donated to CVM staff and volunteers, of which 24 were for Kobo data collection especially related to COVID-19 activities, and the remaining 12 were for the volunteer management system. Fourteen laptops were donated to CVM in December 2020.
- The IFRC IT team was able to create a server to manage the data in the CVM central office. Moreover, the IFRC IT Team bought 115 licenses for Microsoft 365 and CVM has made the migration from the previous system of IT to Microsoft 365. Training was held by the IFRC IT team to the CVM staff on how to operate the Microsoft 365 system and to the CVM IT on how to migrate to Microsoft 365. The IFRC has been supporting CVM with the management of systems such as Kobo and Power BI. The funds from the Pledge also supported with internet for the CVM Sofala Provincial branch to promote the digital working platforms which are much needed to promote the link, especially in terms of communication and finance, between the provincial branch with not only the Headquarters but also with other provinces and district branches.
- A training in Volunteer Management System was conducted for about 30 participants, including CVM volunteers, volunteer managers, and youth leaders from all 11 provinces of the country, from 26-30 April 2021. The topics covered were:
 - Introduction and Capacity Building in the Volunteer Management System
 - Capacity Building on Volunteer Policy and the Role of the Volunteers in a Branch
 - Capacity Building on PMER basics for Volunteers and Volunteer & Youth Managers
 - Train Volunteers in CVM Code of Conduct
 - Training Volunteers and Youth on the basics of Internal and External Communication
 - Experience Sharing between volunteer managers from different provinces.
 - Practice and Field Visit
- During the Volunteer Management Training, the volunteers committed to starting to share also success stories from their districts, which will be viewed by stakeholders on the system, and some of the success stories will be featured on the CVM website and Social Media platforms, thus giving visibility of both CVM and its volunteers to the International Community, which might enable the NS and Volunteers to mobilize more support from donors at the domestic and international level.

²⁸ Note that many feedbacks were collected about COVID-19 and shared with the MoH to guide their mass messaging to address common fears and rumors

- IFRC has supported the National Society to have the staff regulations revised as well as the salary survey
- Output S2.1.3: N S capacity compliance with principles and rules for Humanitarian Assistance is improved**
- With the support of the IFRC, CVM approved and validated its internal policies in PSEA, Child Protection, and the Code of Conduct Review. A plan was also drafted on how the policies will be implemented and disseminated. Moreover, a CVM PGI coordinator has been recently recruited with the support of the IFRC. The CVM key actors who will be involved in the implementation of these policies were also trained by the IFRC PGI Teams. The process to institutionalize the CVM CEA sector is well advanced, and a Training of Trainers is being organized at the headquarters level. These Trainers will in turn train the CEA focal points at the Provincial level countrywide.



Coordination and Partnerships

Objective:			
	Indicator	Actual	Target
Key indicators:	Outcome S3.1: The IFRC secretariate, with NS uses its unique position to influence decisions at local, national & international levels that affects the most vulnerable		
	# of external communications activities undertaken	4	10
	# of Advocacy and lobbying initiatives are carried out	1	5
	Output S3.1.1: IFRC and NS are visible, trusted, and effective advocates of Humanitarian Issues		
	# of external communications activities undertaken	4	10
	# of Social media platforms active	3	2
	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization, and programs		
	# of evaluations and research conducted	5	4
	Outcome S3.2: The programmatic reach of the Mozambique Red Cross and the IFRC is expanded		
	% of reports submitted on time	50%	80%
	Output S3.2.1: Strengthening planning, monitoring, evaluation, and reporting		
	# of assessments conducted	5	4
	Output S3.2.2: Resource generation and related accountability models are developed and improved		
	% of DAG members reporting a positive experience	100%	100%
	Output S3.2.3: CVM is supported in resource and partnership development (both domestic and foreign sources)		
	# of Resource mobilization plan approved	0	1

Outcome S4.1: The IFRC enhances its effectiveness, credibility, and accountability

% of positive performance appraisals achieved	Ongoing	70%
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Output S4.1.2 IFRC staff shows a good level of engagement and performance

% of planned appraisals conducted.	Ongoing	100%
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Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and effective use of assets

# of Audits conducted	2	2
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Output S4.1.4: Staff security is prioritized in all IFRC in all IFRC activities

% security assessments are carried out	100%	100%
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% of the security plans are updated in all operational areas	100%	100%
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Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization, and programs

- The [Real Time Evaluation \(RTE\)](#) which was coordinated by the PMER and DCPRR teams from IFRC Geneva and Africa Regional Office, as well as operational leadership in Beira was completed in mid-July 2019. The final draft was shared with the Operations team in Beira, the Africa Regional Office and the IFRC Geneva office for review and discussions on key issues raised discussed in the third week of July. The RTE team then shared the final draft in August with the PMER teams at all three levels, for dissemination to relevant stakeholders.

Output S3.1.1: IFRC and NS are visible, trusted, and effective advocates of Humanitarian Issues

- In the onset of the emergency response, the Red Cross was the most visible across the media scene with over 8,000 news and social media mentions -almost triple that of UNICEF, CARE, and WFP. Since then, the Red Cross has been positioned as a major leading actor in the response on the ground, providing critical support to affected communities. Since then, several communications focal points were deployed in support of CVM, showcasing response efforts. All photos and videos captured can be found on the IFRC audio-visual global platform: av.ifrc.org.

Press Releases:

- <https://media.ifrc.org/ifrc/press-release/emergency-water-sanitation-units-deployed-disaster-struck-mozambique/>
- <https://media.ifrc.org/ifrc/press-release/mozambique-cyclone-signs-recovery-long-road-still-ahead/>
- <https://media.ifrc.org/ifrc/press-release/mozambique-thousands-risk-disease-malnutrition-rainy-season-begins/>
- <https://media.ifrc.org/ifrc/press-release/mozambique-thousands-remain-vulnerable-recurrent-disasters-one-year-cyclone-idai/>

Social Media (Twitter):

- [@CruzVermelhaMOZ](#)
- [@ifrcfrica](#)
- [#CVM](#)

Operation Photo Archive: [ShareRed](#) (IFRC users only)

- Operations Updates: [Please follow this link](#)



Shelter Cluster Coordination

Objective:			
Key indicators:	Indicator	Actual	Target
	Output S2.1.6: The coordination role of the IFRC with the International Humanitarian system is enhanced		
	% of shelter agencies supported by the shelter cluster	100% ²⁹	100%

Output S2.1.6: The coordination role of the IFRC with the International Humanitarian system is enhanced

- IFRC, through the Southern Africa Country Cluster, immediately deployed a Shelter Cluster Coordination surge capacity (Regional Shelter and Settlements Coordinator) to support CVM, with the responsibility to co-lead, with IOM, the Shelter and NFI Cluster in Mozambique (as activated by IASC Principals) to support the Government of Mozambique's (GoM) and Humanitarian Country Team's (HCT) tropical cyclone Idai coordinated humanitarian response. In total, the Shelter Cluster coordinated 43 agencies involved in shelter and NFI response, providing real-time data analytics and information, 4Ws analysis per the severity of need, and recommendations of quality standards to be applied across the different areas.
- IFRC/CVM and IOM co-led the Shelter Cluster in the response to Cyclone Eloise in January 2021



Secretariat Services

Objective:			
Key indicators:	Indicator	Actual	Target
	Outcome S2.2: The complementary strengths of the movement are enhanced		
	% of RC/RC actors reporting increased movement coordination	100%	100%
	Output S2.2.1: In large-scale emergencies, the IFRC, ICRC, and NS enhance operational reach & effectiveness by new coordination means		
	1 Movement 4 Was developed and updated	ongoing	1
	1 Emergency coordination cell activated	1	1

Challenges

1. There were challenges in the handover of certain items including vehicles and IT equipment to CVM. The completion of these activities is expected in early 2022.
2. Overall, the Federation was not able to provide sufficient support in this area and further NSD support would be beneficial in the future with a long-term staff member. The NSD Delegate was able to support the formation of the volunteer policy, communications policy, and code of conduct, however, the

²⁹ Only applies to the emergency phases of Cyclones Idai and Eloise

volunteer and financial management systems are still ongoing. The main issues to support are finance, HR, logistics, PMER, data management, and communication. IFRC needs to be able to constructively align support with the CVM strategy. This is also vital for empowering the NS to handle more emergency responses and resiliency projects.

3. CVM has a very centralized structure, with its headquarters in Maputo. There are noted breaks in communication between headquarters and some provinces/branches. This creates delays and misunderstandings. Support for improvement in this area is included under the previous point.
4. Some progress was made in identifying thematic partners for NS support. The remaining gaps include Cash, WASH, logistics, and Finance. Technical counterparts and funding opportunities will be further identified by IFRC in the future.

Lessons learned

1. There is a need for an increased national surge capacity within Mozambique to enable the NS to quickly build up their team for an emergency. There have been some awareness-raising efforts within IFRC, especially post-Idai, to register as surge personnel. Such activities should be expanded for a stronger response in the future, as various issues arose from frequent handovers and personnel gaps throughout the operation.
2. There is an appetite for cash transfer programs among donors and within CVM, such as using cash to support persons affected by quarantine for COVID-19. It is recommended to identify thematic support for this area to build on the momentum from the transfers completed during Idai.
3. There is a need to support CVM with national fundraising and income generation activities to make the operations sustainable. IFRC will continue to advocate for and partner with CVM to manage additional projects and develop resources for such activities. This includes promoting external partnerships for collaboration and with potential donors such as UNICEF and UN-Habitat.



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For further information, specifically related to this operation please contact:

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Reference documents



Click here for:

- [Previous Appeals and updates](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/1-2022/10	Operation	MDRMZ014
Budget Timeframe	*	Budget	APPROVED

Prepared on 16 Nov 2022

All figures are in Swiss Francs (CHF)

MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 19 Jul 2021; appeal launch date: 20 Mar 2019

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	1,115,000
AOF2 - Shelter	3,813,000
AOF3 - Livelihoods and basic needs	4,040,000
AOF4 - Health	6,774,000
AOF5 - Water, sanitation and hygiene	4,262,000
AOF6 - Protection, Gender & Inclusion	1,406,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	2,428,000
SFI2 - Effective international disaster management	5,243,000
SFI3 - Influence others as leading strategic partners	545,000
SFI4 - Ensure a strong IFRC	2,374,000
Total Funding Requirements	32,000,000
Donor Response* as per 16 Nov 2022	18,371,444
Appeal Coverage	57.41%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	604,536	593,735	10,801
AOF2 - Shelter	2,951,487	2,841,450	110,037
AOF3 - Livelihoods and basic needs	1,995,305	1,992,644	2,661
AOF4 - Health	2,154,152	2,152,296	1,855
AOF5 - Water, sanitation and hygiene	1,323,922	1,278,582	45,339
AOF6 - Protection, Gender & Inclusion	773,680	785,496	-11,816
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	1,255,429	1,174,505	80,923
SFI2 - Effective international disaster management	3,791,372	3,787,272	4,100
SFI3 - Influence others as leading strategic partners	602,271	602,271	0
SFI4 - Ensure a strong IFRC	1,919,619	1,911,526	8,094
Grand Total	17,371,772	17,119,777	251,996

III. Operating Movement & Closing Balance per 2022/10

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	18,194,755
Expenditure	-17,119,777
Closing Balance	1,074,978
Deferred Income	0
Funds Available	1,074,978

IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	750,000	Outstanding :	0
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Emergency Appeal

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V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	622,731				622,731		
Anadarko Petroleum Corporation	60,074				60,074		
Andorran Red Cross	5,470				5,470		
Australian Red Cross	357,750				357,750		
Austrian Red Cross	1,108,421				1,108,421		
Belgian Red Cross (Francophone)			9,758		9,758		
Belgium - Private Donors	90				90		
Brazilian Red Cross	11,150				11,150		
British Red Cross	1,848,458	251,963			2,100,421		
British Red Cross (from British Government*)	2,441,718				2,441,718		
British Red Cross (from DEC (Disasters Emergency Cc	616,288				616,288		
Bulgarian Red Cross	2,000				2,000		
Burundi Red Cross			38,981		38,981		
Center for Disaster Philanthropy	1,380				1,380		
China Red Cross, Hong Kong branch	50,230				50,230		
Credit Suisse Foundation	550,850				550,850		
Croatian Red Cross	5,205				5,205		
Czech Government	222,432				222,432		
Estonia Government	33,935				33,935		
European Commission - DG ECHO	170,241				170,241		
Facebook	96,117				96,117		
Finnish Red Cross	179,262				179,262		
Fondation Trafigura	99,549				99,549		
Food and Agriculture Organization of the UN (FAO)	44,028				44,028		
French Red Cross	23,310	358,611			381,921		
German Red Cross	56,018		20,095		76,113		
Germany - Private Donors	2,598				2,598		
Icelandic Red Cross	100,000				100,000		
Icelandic Red Cross (from Icelandic Government*)	100,000				100,000		
IFRC at the UN Inc	-843				-843		
IFRC at the UN Inc (from Coca Cola Foundation*)	581,257				581,257		
IFRC at the UN Inc (from Patrick J.McGovern Foundati	98,024				98,024		
Iraqi Red Crescent Society	997				997		
Irish Government	573,010				573,010		
Irish Red Cross Society	70,177				70,177		
Italian Government Bilateral Emergency Fund	112,820				112,820		
Japanese Red Cross Society	152,411				152,411		
Liechtenstein Government	100,000				100,000		
Liechtenstein Red Cross	94,965				94,965		
Luxembourg Government	273,863				273,863		
Nestle	93,628				93,628		
Netherlands - Private Donors	12,016				12,016		
New Zealand Government	336,450				336,450		
New Zealand Red Cross	22,213				22,213		
Norwegian Red Cross	284,539	72,922			357,461		
On Line donations	40,862				40,862		
Other	0				0		
Red Cross of Monaco	24,405				24,405		
Singapore Red Cross Society	30,456				30,456		
Slovenia Government	54,309				54,309		

Emergency Appeal

FINAL FINANCIAL REPORT

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Budget Timeframe	*	Budget	APPROVED

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MDRMZ014 - Mozambique - Tropical Cyclone Idai

Operating Timeframe: 14 Mar 2019 to 19 Jul 2021; appeal launch date: 20 Mar 2019

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Spanish Government	56,771				56,771	
Spanish Red Cross	24,146	37,200			61,346	
Sundry Income				11,717	11,717	
Swedish Red Cross	602,840				602,840	
Swiss Red Cross	374,730	42,000			416,730	
Switzerland - Private Donors	1,023				1,023	
The Canadian Red Cross Society	7,927	121,949	8,900		138,776	
The Canadian Red Cross Society (from Canadian Gov	258,318				258,318	
The Netherlands Red Cross	1,005,007				1,005,007	
The Netherlands Red Cross (from Netherlands Govern	1,923,913				1,923,913	
The OPEC Fund for International Development	486,157				486,157	
The Republic of Korea National Red Cross	109,394				109,394	
The South African Red Cross Society (from South Afric	38,621				38,621	
United States Government - USAID	491,899				491,899	
United States - Private Donors	25,822				25,822	
White and Case, LLP	24,230				24,230	
World Remit	24,999				24,999	
Total Contributions and Other Income	17,220,659	884,645	77,734	11,717	18,194,755	0
Total Income and Deferred Income					18,194,755	0